

THE MEDICAL AND SURGICAL REPORTER

No. 1596.

PHILADELPHIA, OCTOBER 1, 1887.

VOL. LVII.—No. 14.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

PROCIDENTIA UTERI.

A Clinical Lecture delivered at the Jefferson Medical College Hospital, September 22, 1887,

BY AUGUST MARTIN, M. D., OF BERLIN,
GERMANY.

Professor of Obstetrics and Diseases of Women in
the University of Berlin.

Reported by William H. Morrison, M. D.

"Gentlemen:—As you well know, the procedure for the cure of procidentia of the uterus has, through improvements in the method of operation introduced during the past ten years, become one of the most successful of gynecological operations; and by it we have succeeded in doing away with the objectionable pessary, which during that time had been used in the treatment of this condition. As was first pointed out by Hegar, we cannot retain the uterus by any operation on the vaginal wall alone; such operations are only temporarily successful. After a time, the uterus again comes down. In order to successfully retain the uterus it is necessary to strengthen the floor of the pelvis. When we succeed in arranging in the floor of the pelvis a cicatrix sufficiently strong to carry the uterus and the prolapsed vagina, we may hope to keep the uterus and vagina in their proper positions. In treating a case of procidentia, we must repair any defect in the uterus and restore it to a condition as near the normal as possible; we must direct atten-

tion to the vagina and relieve any trouble that may exist there, and we must also restore the perineum. These three different forms of operation can be done at one sitting. Their performance is accompanied with very little loss of blood, and the results are such that this operation can be highly recommended to your patients.

"The patient on whom I shall demonstrate this operation has a rather large womb, which is retroflexed and with a cervix torn on the left side. I shall restore the cervix, and lift up the uterus and bring it into a position of anteversion. I shall next remove an elliptical-shaped piece of the mucous membrane from the anterior wall of the vagina. I shall then unite the edges of the wound thus left. This may be accomplished in two ways. The wound may be brought together by the interrupted silk suture; but a much better way is by the continuous catgut suture. With this the wound may be brought together in different layers, some of the sutures being buried. Beginning at the upper angle of the wound the edges are brought together with the continuous catgut suture until slight difficulty is observed in approximating the edges. Then the suture is passed through the bottom of the wound, including a certain amount of the tissue. When the suture has reached well down to the lower angle of the wound, the edges of the wound are again caught with the thread and brought into apposition. There is then left a wound one-half of the length of the original denuded surface, which is next brought together with the continuous suture. The catgut used is of such a size that it will continue in position for at least ten days.

"For the posterior wall, I perform an operation which is in correspondence with the natural condition of the parts. As you know, the vagina is formed by the union of the two Müller's canals. As a result of this we find in the lateral walls of the vagina dense lines of fibrous tissue. In all the other methods of treating prolapse of the vaginal walls, this very dense tissue is cut off and denuded. My plan is to retain this, and the posterior pyramid is also preserved, the lateral walls being brought into apposition with it, as will be seen when I come to operate. After the vagina is narrowed in this way, I shall perform an operation for the restoration of the perineum. This is quite a common operation, the cicatricial tissue being removed and the denuded surfaces being brought together with the catgut sutures."

The patient was then brought in. There was complete procidentia and the uterus presented a marked laceration on the left side. The right side of the cervix was first incised to the same depth as the laceration and then, as the cervix was decidedly hypertrophied, a wedge-shaped piece involving the whole width of the posterior lip was cut away, a strip of mucous membrane being resected at the position of the future cervical canal. Interrupted catgut sutures were then introduced, securing the strip of mucous membrane to the denuded surface. This also had the effect of checking the bleeding. A portion of the anterior lip was then removed in the same way, and after the strip of mucous membrane had been secured, the two lips of the cervix were brought together with catgut sutures.

The operation on the cervix having been completed, the uterus was drawn down exposing the prolapsed anterior wall of the vagina. This was then denuded, an elliptical portion of the mucous membrane being removed. The denuded surface was four inches in length by two inches in width at its widest part, and extended from just behind the urethra to the junction of the vagina with the cervix. Catgut sutures were then introduced, beginning at the urethral extremity of the wound, the continuous suture being carried as far as the tissues could be readily brought in apposition. This was a distance of about one inch. The suture was then buried in the bottom of the wound, bringing this together to a certain extent. It was then continued towards the lower angle of the denuded surface, until a point was reached where the edges could be brought together with ease. After the lower edges were coaptated, the suture was again carried

upwards and a portion of the surface left exposed was brought together; but the tension still being considerable, a second row of buried sutures was introduced. Finally the edges were united, and the wound in the anterior wall entirely closed.

The next step in the operation was to replace the uterus, which was done with a sound, the organ being left in a position of anteversion. The posterior column of the vagina was then brought down and a point in the left lateral wall of the vagina, which could readily be brought in apposition with the posterior column, was selected. This left a sulcus which was denuded and the raw surfaces brought together with the continuous catgut suture. The right side was then treated in the same way. By this measure the posterior wall of the vagina was narrowed.

It still remained to restore the perineum. This was done in the usual way, the cicatricial tissue being removed, the line of denudation extending up to the point where the operation on the posterior wall was performed. The first sutures were passed through the upper portion of the wound, including the parts already brought together in the operation on the posterior vaginal wall. The cutaneous surfaces were then united with the catgut suture, and finally the vaginal edges were secured with the continuous catgut suture.

In regard to the after-treatment of the case, Dr. Martin said: "The wound will be left entirely alone, and the patient kept in bed on her back for three weeks. The catheter will be used frequently and the bowels moved on the fourth day. The patient must not be allowed to exercise much before the expiration of three months, and sexual intercourse must be prohibited for at least six months."

In the operation Dr. Martin was assisted by Dr. Howard A. Kelly and Dr. William Ashton.

NOTES ON THE THERAPEUTICS OF PAPOID.

BY PIERRE WILMORET, M. D., BUENOS
AYRES, A. R.

On September 14th, 1855, M. Bouchut, then a boyish hospital physician, described to the Academy of Medicine of Paris, the operation of intubation of the larynx. Two weeks later, M. Trousseau violently attacked both views and method; and in the discussion that followed there was so much warmth that Trousseau went to the tribune, attacking Bouchut's honor, charac-

ter and ambition. The unfortunate physician came forth with his career almost ruined; and with his discovery rendered ridiculous by the biting sarcasm of the leader of French laryngologists, he could do no more than to reiterate his statements, and await the future to prove the correctness of his ideas and belief. While thus working and waiting, it was the fortune of Dr. Joseph O'Dwyer to place intubation at the fore-front, and thus to bring a mead of honor to both Frenchman and American.

Twenty-three years sufficed to give the Parisian professor agrégé, a world-wide fame, and on the occasion of the Sixth International Medical Congress at Amsterdam, it was expected and believed that he would evidence his ability, and prove that he stood on the heights of French medical science. There were those who were disappointed when he came to read his paper "On a Vegetable Substitute for Pepsin." Not strangely the disappointment waned when he narrated his experience and experiments with the alkaloid, papayotin or papoid, which he had derived from the juice of the *carica papaya*, a tree of Java. He interested all, and the interest did not flag when Professor Wurst followed with a priority claim of having isolated the same alkaloid from the *papaya* of South America. The time and place were favorable to the Parisian, inasmuch as Japanese products counted for more in Holland than did anything of American discovery. But Bouchut gracefully acknowledged the German's work, and with the consciousness of having done another notable deed in medicine, he left it for German elucidation.

It was during the Third Congress for Internal Medicine that Professor Finkler, of Bonn, appeared as elucidator. This observer put forward the claim that in papoid there was to be found a true substitute for pepsin, especially in the treatment of diphtheria in the solution of false membrane, and in the treatment of dyspepsia as a stimulant of the gastric glands, and as supplying an essential constituent of the gastric juice.

M. Bouchut at the Ninth International Medical Congress has given tribute to an American for having brought to success his contribution to the laryngology of 1855. Is it too bold a forecast to believe that at the Tenth Congress he will give an equal tribute to a German for furthering his other contribution to the laryngology of 1878? Intubation in its place is paralleled by the perfect solution of pseudo-membranes, and Finkler is of the same discipleship as O'Dwyer.

The Professor is fully conversant with the reasons that seem to require a substitute for pepsin. It is a matter for consideration as to whether papoid is calculated to render such substitution. The testimony of all who have tried substitution seems to be in the affirmative, and in view of the importance of the subject, it is instructive to collate the testimony against pepsin and in favor of papoid, which is found in the experience of trustworthy observers, both as to the digestive powers of papoid, and as to its powers as a fibrin solvent.

M. Bouchut, with his characteristic modesty, professes no longer to urge the use of the remedy for the particular purposes indicated; but is satisfied as to its value there, is enthusiastic in commending it as doing what only the best of pepsin will do, and that is the solution of cutaneous carcinomata by deposition of a solution of it in the substance of the malignant growth. Like Theirsch with pepsin, he reports success with its use.

Finkler, who has done most to promote the value of papoid, has taken several occasions to urge it as a substitute for pepsin. That he has succeeded in this is manifest by the fact that papoid is as much discussed in Germany to-day as was cocaine a few years ago. Of its use in diphtheria the *Bonn Therapeutist* says:

"When applied to the diphtheritic membrane it dissolves it in a few hours, destroying the microbe of the disease, and thus causes an early fall of temperature. It holds tenaciously to the fibrin, and, once applied, nothing can prevent the destruction of the membrane. It may be applied as a solution or as a paste. If in solution, I prefer a strength of one-fifth, with applications every half-hour in the form of spray. Better and quicker results can, however, be obtained by rubbing up gr. 5 with as much water as will make a thin paste, and applying this with a brush."

Touching its physiological action in the stomach, the observations of Finkler are as follows:

- "1. Unlike pepsin, its action begun in the stomach, is continued in the intestine.
2. While pepsin will only act in presence of an acid, papoid acts with unvarying energy, be the reaction acid, alkaline, or neutral.
3. It dissolves at least 1000 times its own weight of fresh fibrin.
4. It acts as an antiseptic.
5. In contrast to pepsin, it acts when the resulting peptone solution is highly concentrated, and such action is highly energetic.
6. It is of uniform quality.

7. The conditions under which it changes albumen into peptone are different from those observed for same effect with pepsin or trypsin.

8. It is harmless and easily tolerated.

9. It acts in presence of other drugs.

10. With its use the possibility of poisoning by ptomaines is rendered negative."

"It improves digestion, stimulates the gastric glands, removes morbid membranes, mucus, and pus; and relieves pain and vomiting."

He has employed it successfully in dyspepsia, gastric and intestinal catarrh, anorexia, flatulence, alcoholic emesis, anæmia, and for relief of some of the distressing symptoms of gastric carcinoma and ulcer. The dose is grs. ij-v, during meals, and with as little liquid as possible. "Distinct cure is produced rapidly."

Dr. George Herschell says of the drug: "In it we apparently have an ideal digestive ferment, catalytic in character." This he has proved by experiments. He "finds it chiefly valuable in chronic summer catarrhs of children, 'biliousness,' non-assimilation, flatulence, acid dyspepsia, and gastralgia."

Dr. A. Jacobi, of New York, has successfully used papoid, and both before the State Medical Society and the Academy of Medicine, has read papers on its use. Agreeing with Finkler and others as to its physiological action, he bases its therapy upon three facts, viz.: (1.) It is innocuous taken internally. (2.) It is dangerous when given subcutaneously. (3.) Upon injection it paralyzes the heart and nerves.

"Diphtheritic membranes are dissolved in a few hours. It is easily dissolved in 20 parts of water, and is certainly a solvent of membrane, injected, sprayed, or applied with a brush. In greater concentration, one part to four or eight, I have applied it to the nose, throat, and trachea, through the canula, after tracheotomy, with fair results." He narrated four cases to the State Society. No. 1 was pharyngeal diphtheria; boy 11 years old; extensive membrane; hourly application of a 4 per cent. solution destroyed the membranes. No. 2 was a case of membranous laryngitis; extensive membrane; use of papoid after tracheotomy; recovery. No. 3, H. B., 15 years old; severe nasal and tonsillar diphtheria; 2 per cent. solution of papoid applied every hour; destroyed membrane in 36 hours. No. 4, J. L. O., 38 years old; diphtheria; seen in consultation after four weeks' illness; membrane persistent; papoid solution locally applied; attending physician reported, "the membrane melted down

rapidly, and within 48 hours had completely disappeared." Dr. Jacobi's conclusion is that it "is a true digestive ferment."

Dr. J. A. S. Grant (Bey) says: "Of late 'papayotin' [papoid] has been in use in Germany as a remedy for diphtheria. Its action seems to be solvent, though weak solutions do not have this effect. It is innocuous when taken internally, but when injected into the blood it paralyzes the heart and nervous system. It must not therefore be used without certain precautions, and I should be very chary in applying it to a bleeding surface. Its local application prevents the fibrinization of the serum thrown out by the blood vessels on any surface, whether on a mucous membrane or on an abraded skin; but the living healthy mucous membrane is not affected by it. About one to six is the average strength of the solution to be used, and this may be applied to the part affected, by means of a spray, or of a brush, gargling, or by drinking. Two or more of these methods may be combined if desirable, and persisted in every hour till the membrane is dissolved or obliterated. This will probably occur after eight or even fewer applications. In my opinion it digests the membrane in the same way as the gastric juice digests the fibrinous material in our food, and may or may not have a parasiticidal action."

Dr. C. E. Billington, of New York, remarks, "of lactic acid and of pepsin it is probably safe to say that, though they have now been for some years before the profession, their practical value as solvents of diphtheritic membrane has not been satisfactorily demonstrated. The digestive solvents,—trypsin and papayotin (papoid),—are at present interesting subjects for study." In directions for the use of the remedy, Dr. Billington quotes Finkler, Schoffer, and Jacobi.

Dr. F. M. Dearborne, of the U. S. Navy, has used papoid to some extent. He says: "In two cases of chronic dyspepsia where there was severe gastric pain, the patients found immediate and continuous relief from three-grain doses, after ordinary pepsine had failed to relieve them."

A writer in *The Medical Annals*, vol. viii., No. 7, says: "Papoid is almost as important a discovery in the line of digestive ferments as quinine was in antipyretics. It is a new and important remedy, superior in every respect to animal pepsine, and free from the danger of blood-poisoning, being entirely vegetable in its action, and not prepared like other ferments from the stomachs of pigs

and other animals, with always a possible doubt as to the healthy condition of the material. Its advantages over pepsine are such as to command the attention and interest of our physicians to the same extent in this country that it has in Europe."

Dr. Willard H. Morse, of New York, who has made more extensive researches into the value of the newer remedies than any other American, says: "Papoid promises more than almost any other new therapeutic agent. It certainly fulfils all of the indications for the treatment of dyspepsia, and comes nearest of all remedies as a *specific* solvent of pseudo-membranes in diphtheria."

Prof. Anstie says: "I am opposed on principle to new remedies, firmly believing that it would be better to revive the use of some of those which are old and well nigh obsolete. Yet I admit that there are drugs that 'must go,' and one of such is pepsina porci, which should be tabooed, if for no other reason, because of the possibility that it is derived from trichinous material. The vegetable pepsine, papoid, accomplishes all that we have hoped for from the animal product, and I look for the latter's dispossession by it."

On the whole there is a great weight of testimony in favor of papoid, and so far as the writer's observation goes there is not current any dissenting opinion regarding its value. We admit the necessity of a substitute for pepsine, and we may ask if such a substitute is not to be had in papoid; is there any other than the affirmative answer, or any hesitation in pronouncing it?

TREATMENT OF ABORTION.

BY E. C. HELM, CHICAGO, ILL.

It might seem that nothing new could be written upon this trite subject, and indeed, what I have to write is not at all new. But, old though it be, it is not brought as forcibly to the notice of the younger members of the profession as it should be.

In abortion, during the earlier months of pregnancy, it is often exceedingly difficult to remove the placenta. Of late some writers have taught that a retained placenta is not as dangerous as had been supposed. Be that as it may none will deny that it is better to secure its removal, if that can be readily and safely brought about. Among the many aids to expelling the contents of the uterus, when such a proceeding becomes necessary, are mentioned tampons and ergot, but the details and intimate connection of these two

means are not sufficiently dealt with. They are often spoken of incidentally in connection with dilatation, curette, placental forceps, finger, etc., while in fact these latter measures need *very rarely* be resorted to if tampons and ergot are properly used. Besides the ease with which the latter means are used, it does not mangle the placenta, thus leaving shreds behind, but expels it entire.

I had frequently used tampons and ergot, but not as hereafter described, and had little success, when about two years ago meeting Dr. Ed. Bert, of Chicago, in consultation at a case of miscarriage, he suggested that I use ergot and the vaginal tampon conjointly, saying that it would more than meet my most sanguine expectations, and that usually the placenta would be in the vagina within twelve hours. Since that date I have used it in about a score of cases, all under five months, without a single failure. At first I used Squibb's fl. ext. ergot; but as that frequently caused nausea and vomiting, I substituted ergotine, which acted as efficiently and produced no bad effects.

As soon as abortion is deemed inevitable, I remove all clots from the vagina, and then tampon firmly with pledgets of cotton. To facilitate removal I have these pledgets, six to ten in number, fastened to a long string after the manner of a kite's tail. The tampons are thoroughly oiled, or wrung out in soap suds and covered with soap, and introduced well up to and around the cervix. As many as possible are crowded in until the vagina is well distended and a sense of fullness, not amounting to pain, is produced.

This very tension and consequent traction on the cervix tends to dilate the os. Hemorrhage is now checked, and enforcing the recumbent position, I prescribe a three grain ergotine pill every two hours and take my leave, feeling sure that within twelve hours the placenta will be expelled.

To illustrate, I will give a brief description of a few cases:

1. Mrs. N., aged 25, had severe pain and considerable flooding for several hours. I found the os rigid, but dilated so as to admit the point of my index finger. I tamponed and gave five three grain ergotine pills, one every two hours; when the tampons were removed the foetus and placenta were found lying in the vagina.

2. The next day Mrs. J., aged 30 years, called me. She had had pain a few days before and had been flowing for three weeks, for the last twenty-four hours excessively, but her pains had ceased. The os was rather soft and nearly as large as a dime. I tamponed

for six hours, but failed to stop the flow entirely. There was still no pain, so I gave ergotine as in the previous case. After the second pill expulsive pains set in, and in five hours I was recalled with the statement that the pains were violent. Within ten minutes I was there and found the woman at rest, with tampons, and the foetus and placenta in unruptured membranes lying in the bed.

3. Mrs. B. had been flowing at intervals for four weeks. I had attended her in a previous abortion and had, after infinite trouble, dilated the os and removed the placenta with my finger. This time the os was dilated to $\frac{3}{4}$ inch in diameter. I tamponed and gave ergot at night. The next morning upon removing the tampon I found the foetus and placenta entire in unruptured membranes, lying in the vagina. Her pains, which were never violent, had ceased about midnight, when, doubtless, the ovum had escaped into the vagina.

4. Recently I was called to see Mrs. L. A midwife had treated her and had removed a ten week's ovum, but the placenta remained behind. I tried to reach it with my fingers but failed. So I resorted to the tampon and ergotine, as in previous cases. In eight hours I returned and removed the tampons, and as I anticipated found the placenta lying in the vagina.

Many similar cases might be cited, but they would be scarcely more than repetitions. In one case I had to tampon again and continue the ergotine another twelve hours. After removing the tampons I ordered a hot-water injection, tonics, and rest for a few days.

The foregoing is offered very diffidently, lest I have written what every one knows and practices; but as this treatment, in this form, has proved of such service to me, I hope it will to others. If any one has not tried it, I bespeak for it a fair trial, and feel sure it will be found all that could be desired.

RODENT ULCER CURED WITH LACTIC ACID.

BY CLARENCE HOLLISTER, M. D., MEADVILLE, PENNA.

A case has recently occurred in my practice which I think of sufficient importance to occupy a little space in the *REPORTER*.

Mr. H., a well-to-do gentleman farmer, consulted me about a hard warty growth, about as large as a pea, upon his left cheek, being anxious to know whether or not it was

a cancer. After carefully examining it, I was in some doubt as to this point; but, as the patient was so anxious, I advised its removal on general principles. To this he objected, and left me for about a month. At the end of this time he returned, and I found the growth changed for the worse; it was twice as large as before, red, irritable and hard. The surface was partly covered by a hard scab, appearing, as Erichsen says, as if the ulcerated sore had become too large for the scab. He informed me that during the last week he had consulted two physicians in a neighboring city, who pronounced the growth to be malignant. I now expressed the opinion that the disease was lupoid, or rodent ulcer. I explained its nature and again advised its early removal. He agreed to this, and a day was set for the operation. When the day came he asked me to try for two weeks the local application of lactic acid, as suggested to him by a gentleman, who said that his wife had been cured of a similar condition by the application of the above acid. I saw no harm in waiting two weeks and agreed. He made the application every other day for two weeks, using nothing but ordinary lactic acid. After the first day or two the ulcer appeared red and more irritable. Indeed I feared he would be obliged to discontinue its application, the scab having come entirely off twenty-four hours after the first application. He however concluded to continue the whole two weeks, which he did, making an application every alternate day; and when he came back at the end of the second week the whole of the ulcerated tumor had disappeared, and the surface upon which it had rested was smooth and almost entirely healed over. One week from that date his left cheek presented no evidence of disease except a slight redness, the skin covering being not fully developed. I was satisfied that I had a case of lupoid or rodent ulcer before the lactic acid was thought of, and had decided to remove it entirely at once; but under the application above described the disease melted away and vanished without other treatment of any kind.

That I was correct in my diagnosis was corroborated by the other medical men consulted, and by the care used in making my own diagnosis. Indeed the growth seemed to be described definitely and typically by the article in Erichsen's *Surgery*, the characteristics of the growth tallying exactly with his description. The results of the use of lactic acid were so entirely unexpected and so very satisfactory I felt it might be well to communicate it to others.

SOCIETY REPORTS.

NINTH INTERNATIONAL MEDICAL CONGRESS.—WASHINGTON, 1887.

WEDNESDAY, SEPTEMBER 7, (continued.)

Section on Pathology.

The first paper presented was entitled "The Pigmentation of the Skin at the Articulation of the Phalanges in Chlorosis," by Dr. Pouget, of Cannes, France. The author called attention to the pigmentation of the knuckles in chlorosis, a peculiarity first noticed by Bouchard, of France.

Dr. Thos. Taylor, of Washington, D. C., followed with a paper on "Chrystallography of Fats," in which he discussed the hygienic relations of fats.

Dr. Kartulis, of Alexandria, presented a paper on "The Etiology of Liver Abscess," which was read in the author's absence by Dr. J. S. Grant (Bey), of Cairo, Egypt.

The last paper was read by Dr. Chas. W. Earle, of Chicago, whose subject was "Fibroid Degeneration of the Pancreas," of which disease he had previously reported cases. There was danger of mistaking the disease for cancer.

At the afternoon session, Dr. Jno. North, of Keokuk, Iowa read the opening paper on "The Pathological Relations of Ptomaines and Leucomaines."

Dr. Victor Vaughan, of the University of Michigan, followed with a paper on "Tyrotoxicon."

Section on Public and International Hygiene.

Dr. B. W. Richardson, of London, England, sent a paper on "The Growth of Preventive Medicine in Great Britain."

Dr. Domingos Freire, of Rio de Janeiro, Brazil, read an interesting paper on "Vaccination for Yellow Fever," in which he endeavored to show that the disease could be prevented by inoculation with attenuated virus. He claims good results from this method, even to the stoppage of contagion.

Section on Military and Naval Surgery.

Dr. Moore, of Richmond, Va., read a paper on "The Treatment of Penetrating Gunshot Wounds of the Abdomen."

THURSDAY, SEPTEMBER 8.

At the General Meeting resolutions were unanimously adopted favoring the proposed celebration at Washington, in 1892, of the 400th Anniversary of the Discovery of America by Columbus. A resolution was

proposed by Dr. Gihon, and adopted by the Congress, that a committee be appointed composed of a representative of each nationality represented at the Congress, which committee should select the next meeting place of the Congress. This committee subsequently reported that Berlin had been chosen as the place of meeting of the Tenth International Medical Congress.

Dr. P. G. Unna, of Hamburg, Germany, then delivered an address upon "The Relations of Dermatology to General Medicine," in which he strove to point out the interest that every general practitioner should feel in the deeper study of dermatology. Dr. Unna then proceeded to point out the real difficulties encountered in the study of dermatology. Progress in knowledge of skin diseases is progress in knowledge of general pathology and therapeutics. It would be better to conduct pathological and therapeutical experiments upon human skin than upon the lower animals. The author also recommended the establishment of a central institute where able men could work together. Such an institute he hoped the United States would be the first to found.

Section on Pathology.

The following papers were read: "Removal of the Superior Maxilla," by Dr. Leopold Servais, Antwerp, Belgium; "The Natural Agencies Exhibiting the Life Processes of Pathological Organisms," by Dr. Jackson, Norfolk, Va.; "The Pathological Anatomy of Alcohol," by H. F. Formad, Philadelphia; "Cellular Digestion and its Utility in Pathological Processes," by N. S. Davis, Jr., Chicago.

Section on Public and International Hygiene.

A paper (translated) by Dr. Tomassi Crudeli, of Rome, Italy, on "Facts and Theories Relating to the Cause, Nature and Prevention of Malarial Fever," was read.

This was followed by a paper on "The Influence of Climate on the Production of Cholera Infantum," by Dr. Geo. T. Maxwell, of Ocala, Florida. The author expressed the belief that heat was not an essential element in the causation of the disease.

Dr. A. N. Bell, of New York, read a paper on "The History and Practical Application of Steam as a Disinfectant."

The following papers were also read: "The Sanitary Inspection of Railroad and Passenger Cars," by Dr. Harvey Reid, Mansfield, Ohio; "Public Hygiene," by Dr. W. C. Cook, Nashville, Tenn.; "The Clinical History of Continued Malarial Fever," by Dr. B. D. Taylor, U. S. A.;

"A New Method of Detecting *Trichina Spiralis* in Meal," by Dr. James A. Close, London.

Section in General Medicine.

The first paper was read by Dr. Ephraim Cutter, of New York, on "The Morphology of Rheumatic Blood," in which he attributed certain pathological conditions met with in this disease to increased adhesiveness of the blood.

Dr. Mariano Semmola followed with a paper on "Pathogenesis of Albuminuria."

An interesting paper entitled "Notes on the Treatment of Phthisis, more particularly that by Intra-Pulmonary Injection," was read by Dr. R. Singleton Smith, London. The author expressed the belief that benefit was possible by such local medication, and alluded to work already done in this direction by Professor Pepper in Philadelphia and by Drs. Robinson and White in New York. The speaker still firmly believed in the efficacy of iodoform given by the bowel. Its utility is proved by clinical experience. Its feeble powers as a germicide do not affect the question of its medicinal virtues. Intra-pulmonary injections of iodoform are indicated in phthisis, but a suitable solvent for the drug has not yet been found. If a fluid gives rise to much local irritation when given hypodermically, it should not be used for intra-pulmonary injection.

At the afternoon session Dr. Pavy, of London, spoke upon "Diabetes." An abstract of his remarks with the discussion they occasioned, will be presented later.

Following Dr. Pavy's paper, was one by Dr. R. W. Phillips, read by Dr. Stockman, on "The Etiology of Phthisis," in which the author asserted that ptomaines are proved by experiment to be the principal element in the causation of the disease. The author also claimed that injections of atropine counteracted the evil efforts of the ptomaines.

A paper by Dr. W. B. Neftel was then read by the Secretary. It was entitled, "Some Considerations upon the Pathogenesis of the Diseases of Women." The author had experimented to show that phthisis in the lower animals could be caused by compression of the chest. He was unsuccessful in this, but albuminuria resulted from such pressure, which he attributed to venous stasis.

Section in General Surgery.

The first business of the meeting was the discussion of the paper of Dr. Richardson, read on Wednesday.

Dr. Bernays, of St. Louis: I have had a

somewhat similar case to that reported. A tailor swallowed an ordinary silver case-knife, which passed into the stomach. I saw him one hour after the accident, and performed gastrotomy. The incision was made in the linea alba. The knife was found lying transversely, with the handle towards the pylorus. A short incision was made, the knife removed, and the opening in the stomach closed with a double row of sutures. I think that in such cases the continued suture is to be condemned.

Dr. Donald Maclean, of Detroit, said that an important practical point is with reference to the method of restraining hemorrhage. The mortality in olden times was largely due to the defective manner of controlling bleeding. The method described by Dr. Denis seems open to the objection that the elastic band might slip, when the operation was delayed. I have amputated the hip a number of times and have had the utmost satisfaction from the use of Lister's abdominal compressor. I believe that this is superior to any other method for controlling hemorrhage in this region. If the compressor is not at hand, the fists of an assistant will answer the purpose, the compression being made over the umbilicus.

Dr. Weeks, of Portland, Maine, said: I have employed an elastic compressor consisting of the ordinary black rubber bandage, doubled so as to make four strands ten feet in length. This is passed between the thighs, brought between the tuberosity of the inchium and rectum and up in front over the femoral artery. An ordinary roller bandage is placed over the artery. The ends are brought over in front and held by an assistant. This also controls hemorrhage from the gluteal vessels.

Dr. Gunn, of Missouri, said: I understood the author to state that he did not know of a patient with sarcoma of the femur who was alive one year after operation. I assisted in an operation on a case of sarcoma of the lower third of the thigh. Eighteen months later the patient was living and healthy.

Dr. Reyher, of St. Petersburg, said: I think that in emaciated subjects it would not be advisable to make such sudden compression as is caused by Lister's compressor. I have used the rubber tourniquet, but without special satisfaction. I have performed another operation. I make an incision of the head of the bone and then place one stick through the wound and another in front, securing them together by rubber bands. The same thing is done with the posterior portion. The flaps can then be cut without hemor-

rhage. In three operations I have had no disagreeable results from this measure.

Dr. W. Boone, of Shanghai, China, said: No one has alluded to the method proposed by Dr. Furnell Jordan. Where there is sufficient tissue free from disease, this seems to present many advantages. This operation is performed by making a circular cut through the muscles low down, making a flap and then turning back the flap. The bone is next divided. An incision of the head is next made. In this way you cut the vessels low down and the control of bleeding is absolute.

Dr. Palmer, of Jonesville, Wis., said: I have used a method similar to that of Dr. Reyher. Instead of tubes, I have passed pieces of sharpened steel wire through the limb in front and behind the bone and the ring, securing them to other pieces in front of and behind the limb.

Dr. Chavasse, of Birmingham, Eng., said: In amputations for malignant disease, the less tissue left the better, therefore the operation of Mr. Furnell Jordan is not a good one for this particular disease. The best method is that known as Brodies' operation by anterior and posterior skin flaps. In children, the best plan for controlling hemorrhage is by digital compression. This is also applicable in thin subjects. I have also used Dary's rectal staff with satisfaction.

A paper was read on "Iodol" by Assaky, of Bucharest, Roumania. The following are the conclusions of the paper:

I. Wounds unite under iodol by first intention. This union, however, being the result of various and complex conditions attending the operation, it is not possible to attribute to iodol alone the absence of suppuration and inflammatory conditions. In wounds which gape and suppurate iodol is an excellent antiseptic. It rapidly retards suppuration, renders it inodorous, reduces the frequency of dressing, and hastens considerably cicatrization. In ulcerating or gangrenous wounds iodol aids in resisting the destructive process, and changes the wound, after a variable time, to a healthy granulating condition. This action of iodol extends itself to hard chancres. In cases of soft chancres the result is variable. Sometimes it transforms them into a simple wound with brief delay; at others it is insufficient for this purpose, and it becomes necessary to employ in addition, locally, antiseptic lotions.

The same is true with reference to open venereal bubos of the groin. The powdered iodol has this advantage over iodoform, that it is free from odor and is not toxic in its effects.

II. Doses of iodol of from 0.40 centigrammes to 2 grammes daily, produce no functional trouble, even if continued for a long time.

These doses give marvelous results in tertiary syphilis and scrofulous affections. In the secondary stage of syphilis, taken internally, it rapidly destroys the syphilitic manifestations. Iodol seems to aid the general nutrition and increase strength and flesh. It is indicated in all cases of specific malnutrition.

Iodol is an antipyretic. In acute infectious diseases, such as erysipelas, etc., it causes a rapid fall of temperature.

"Paracentesis of the Articulation in the Early Stages of Disease of the Hip-Joint" was the title of a paper by Mr. Edmund Owen, F. R. C. S., London, England.

It is generally admitted that the sero-synovial effusion, associated with early acute disease of the hip-joint, has an influence on the stiffening and faulty position of the limb. In these cases examination will usually show a deep-seated fullness below the middle of Poupart's ligament, which advances the femoral vessels towards the surface. There is also swelling behind between the great trochanter and the tuberosity of the ischium. An illustrative case was given. A boy 9 years of age was admitted to St. Mary's Hospital, London, on account of extreme pain in the right hip and knee. The limb was semi-flexed and the foot slightly everted. The attempt to bring the limb down caused tilting of the pelvis and arching of the loins. There were all the signs usually regarded as indicating the first stage of hip-joint disease. There was a slight fullness in the positions indicated. The pain had come on suddenly two weeks previously in a child apparently healthy. Chloroform was administered, but the leg remained stiff. A trocar and canula were passed through the back of the capsule, and a teaspoonful of sero-purulent fluid containing flakes of lymph was withdrawn; the femur could then be extended and the joint was loosened. An extension apparatus was applied and the patient put perfectly at rest. On the fourth day he was free from pain. The convalescence ran a perfect course, terminating in recovery in two weeks.

It may be said that this was not a case of hip-joint disease, but one of simple synovitis. This is admitted, but if the capsule had not been tapped, there might have developed suppurative arthritis. If this is admitted, the author claimed that potential hip-joint disease might be cured by paracentesis.

We should always be on the lookout for this condition. Where we cannot be absolutely certain that there is distension, we should give the patient the benefit of the doubt and perform exploratory puncture. This, if done with clean instruments and ordinary care, is devoid of risk.

Dr. L. H. Sayre, of New York, in opening the discussion, said: I believe that the case which he relates, if allowed to go on, would probably have ended in rupture of the capsule, and perhaps destruction of the head of the bone. In the early stage of the disease when the limb is flexed, everted and abducted as a result of over-distension of the capsular ligament, if the fluid is not absorbed by rest and counter-irritation, it is proper to puncture the joint, thus treating the hip joint the same as any other joint.

Dr. G. W. Boone, of Shanghai, China, said: I think that it is well to report what we can in this connection. Two years ago my attention was called to the injection of joints with glycerine and iodoform. This I used in a number of joints, particularly in two cases where there were evidences of the first stage of hip-joint disease. In one case the symptoms disappeared, while the other case ran the ordinary course of a case of hip-joint disease.

Dr. Lange, of New York, said: In the case reported, the child probably had tubercular disease near the hip-joint, which ruptured into the joint causing effusion. In such a case the painful symptoms can be relieved by tapping the joint. To regard this as an effective treatment for hip-joint disease which must be regarded in children as essentially a tubercular affection, seem hardly proper. This case is not concluded and we do not know what the final result will be.

Dr. Owen, in closing the discussion, said: This was not a case of tubercular process in the joint. The attack began two weeks before admission, was an acute effusion, and recovered within two weeks after operation. Tuberculosis does not run this course.

Dr. Bernays, of St. Louis, in opening the discussion on the paper of Dr. Garmany, read on Wednesday, said: I have had one case of epilepsy and mania for which I trephined. There was a clear history of injury to the head. The skull had been previously trephined without good effect. I also performed trephining; when the bone was removed the dura mater came up into the opening. This I incised and at once there was

an enormous flow of cerebro-spinal fluid. I introduced four catgut sutures to close the opening in the dura mater. The patient recovered, but there was no immediate improvement of the epilepsy, although since then there has been some lessening of the number of the seizures.

"GUN-SHOT WOUNDS OF THE ABDOMEN," was the next paper, and was read by Dr. T. R. Manly, of New York. The case was reported of J. C., brought into the hospital with a pistol-shot wound of the abdomen, in the left epigastric region. The patient was seen two hours after the injury. The abdomen was greatly distended, and evidently contained fluid. The wound was probed with great care, but the place of entrance into the abdomen could not be found. An incision was then made in the linea alba. When the peritoneum was punctured a large amount of blood escaped, estimated to be half a gallon. The hemorrhage was found to come from a branch of the inferior mesenteric artery. This was secured with a ligature. A double perforation was found in the descending colon. This was closed with the Lembert suture, including only the serous and muscular layers. The bullet was not found. The abdominal incision was closed and dressed antiseptically. It, however, failed to unite; in other respects the patient did well. The incision was again closed, the peritoneum being united with a separate row of sutures and the other layers with silver wire. On the third day it was found that the central portion of the wound had opened, but that the peritoneum had united. The patient eventually recovered completely.

The speaker then made some general remarks with reference to operations upon the abdomen. Severe shock should be a contra-indication. Nothing will justify laparotomy when shock exists except positive evidence of hemorrhage. Opening of the abdominal cavity in man is a much more serious operation than in woman. Man habitually uses the abdominal muscles in breathing while in woman, the type of breathing is thoracic. This interferes with the union, and thus tends to make ventral hernia more common in man. In man, the abdominal incision should be no longer than necessary. For exploratory purposes the incision through the linea alba is the best. The drainage tube can serve no useful purpose in the healthy peritoneum free from septic contamination, and interferes with union. Antiseptics should be always used until it is shown that cleanliness will render septic poisoning impossible.

"The use of the Galvano-Cautery Sound, Particularly in Hypertrophy of the Prostate, with Report of Cases," was the title of a paper by Dr. Robert Newman, of New York.

The instrument consists of a smooth sound with a fenestrum at its lower extremity; at this opening is a piece of platinum wire in connection with a galvano-cautery battery. By pressing a key in the handle of the sound the platinum wire is heated to a bright red color. This does not destroy tissue. The instrument is introduced until the lower extremity reaches the prostate gland when the current is passed through the platinum wire. These applications are repeated at intervals of three to five days. The author has employed this method of treatment in fifteen cases, seven of them being cases of hypertrophy of the prostate gland. In all these instances there was improvement in the symptoms presented and a decrease in the size of the prostate.

The next paper was entitled "Endo-cranial Surgery," and was read by Professor Durante, of Rome, Italy. The paper was read in French.

Dr. Carnochan read a paper on "Bony Union After Intra-capsular Fracture of the Neck of the Femur." The doctor presented the specimen from a case of fracture of the thigh bone occurring in an old woman 70 years of age, in which bony union followed rest in bed for a period of nine months.

Dr. Morris, of New York, in opening the discussion, said: The treatment by rest in bed is not to be recommended as a general practice in cases of intra-capsular fracture of the femur. Unless the fracture is an impacted one, there is no hope of union, and the sooner these patients are gotten out of bed the better.

"Ununited Fracture of the Femur Successfully Treated by Double Splice and Wired Clamp," was the title of a paper by Dr. F. Lemoyne, of Pittsburg.

The method of treatment described had been employed in three cases. In two cases, the humerus was the seat of operation, and in the third, the case to be described the femur was the bone operated upon. The patient, a man aged 37 years, was struck by a bucket of ore, receiving a fracture of the left femur, about its middle. This was treated in the usual manner, but union failed to take place. The various procedures employed in cases of ununited fracture, such as drilling, cutting off the ends and wiring, were tried, but no union followed. Eight months after the accident, the mobility at the seat of the

fracture was very distinct. The seat of fracture was then exposed by two incisions, one on the anterior and the other on the external aspect of the limb. The fragments were found attached by five bands of fibrous tissue and the bone itself was softened. The fragments were completely separated and the intervening tissue cut away. The lower extremity of the upper fragment was then sawed off so as to form a wedge-shaped piece. The upper end of the lower fragment was sawed so as to have a corresponding V-shaped depression. The extremities were then brought into apposition. A hole was made in each fragment so that the two openings were $2\frac{1}{2}$ inches apart. A steel clamp, its extremities being bent at right angles, was laid upon the anterior surface of the femur, the ends being inserted into the hole already prepared. This was secured to the bone by three bands of wire encircling the limb at the seat of fracture. The limb was placed on a posterior inclined plane, the foot being elevated about eight inches. Sole leather splints were applied on the external, anterior and internal surface, and the patient was kept as quiet as possible. High inflammatory action with free suppuration occurred. In five weeks there seemed to be some union and the clamp and wire were renewed. The limb was still kept in leather splints. One year after the operation, there was good union; the patient could bear his entire weight on the limb. There was, however, shortening to the extent of two and one-half inches.

In the discussion which followed, Dr. T. R. Manly, of New York, said: I have had considerable experience in wiring the shafts of bones, particularly in fracture of the thigh. If there is much shortening, I think we should wire the bone at once. We do no harm by making a free incision down to the bone and the silver wire causes no irritation. I leave them in permanently and the results have been satisfactory.

"Wire Extension Splints in the Treatment of Fractures Near the Joints" was the next paper by Dr. Gibson. Several wire splints intended to be used in the treatment of the fractures of the thigh, fractures near the head of the humerus and Colles fracture were exhibited. The author claimed for these efficiency and comfort. He recommended their use more particularly in cases of fractures near the joints.

Dr. Myres, of Fort Wayne, in beginning the discussion, said: I think that the best dressing for fractures that we now have is plaster of Paris and crinoline. When properly applied immediately after the reception of the

fracture it answer every purpose. It is less inconvenient than other dressings and the results obtained are satisfactory.

Dr. S. S. Koser, of Williamsport, read a paper on "Splint for Fracture of the Lower Jaw." The speaker reported a case in which the lower jaw was fractured through the symphysis and one inch to the left of the symphysis with separation of both processes on the left side. Various forms of splints were tried without satisfactory results. An intra-dental splint was then made to which was attached steel arms projecting from the sides. An external rubber splint was then made and the two splints secured together. This held the fragments in position and good union was obtained.

Section in Obstetrics.

Dr. Alex. Simpson, of Edinburgh, took the chair in the absence of Dr. Miller, who had been called away by a death in his family. The section passed resolutions of sympathy with him.

Dr. Emil Poussie, of Paris, France, then read an account of a case of "Typhoid Fever in the Puerperal Woman," in which a woman, seven days after labor, presented symptoms of severe typhoid fever. The patient recovered.

A discussion then took place as to the best method of preventing and treating puerperal fever, in which a large number participated.

Dr. Rodney Glison, of Portland, Maine, read a paper on "Conservative Obstetrics; with Special Reference to the Removal of the Secundines after Abortion, and to the Treatment of the Third Stage of Labor." The author favors the prompt removal of the placenta after abortion in all cases in which the cervix is dilatable or dilated; in all cases of septicæmia and in dangerous hemorrhage, whenever the latter two occur. For this purpose the finger is the best instrument. Traction on the cord, while the uterus is grasped with one hand externally, is not apt to cause inversion of the uterus and is a useful aid in extraction of the placenta, that should not be forgotten nor neglected.

Dr. Graily Hewitt expressed approval of the author's practice.

Dr. E. H. Trenholme, of Montreal, Canada, read a paper on "Internal Uterine Hemorrhage the Result of Over-distension of the Uterus from Hydramnios," in which the author referred to the causes of hydramnios and the dangers of distension caused by it. One of the latter was serious interference with the nutrition.

Dr. W. T. Stewart, of Philadelphia, read a paper on "The Importance of Accurate Diagnosis in Pregnancy," in which he reported a case of retroflexion of the uterus in which labor occurred at term. It had been supposed by a number of physicians that the patient was suffering from a fibroid tumor, for which she came near being operated on. The speaker also referred to the injurious effects of corsets.

Dr. John Bartlett, of Chicago, Ill., followed with a paper on "A study of Deventer's Method of Delivery of the After-coming Head." This method consists in turning the child so that the anterior surface of the neck rests on the perineum and bringing the occiput out under the pubes. The arms are not brought down, but are placed so as to come anterior to corresponding parietal bases. In addition to backward traction, delivery was to be assisted by pressure just above the pubes.

Deventer is said never to have lost a child or torn a perineum in using this method. The object of leaving the arms up was to protect the neck and at the same time to allow room for the cord.

In the discussion which followed, the speakers all seemed favorable to the procedure.

Dr. J. E. Kelly then read a paper upon "Lithiasis in Pregnancy," in which he discussed the relations between lithiasis and pregnancy, and came to the conclusion that the pregnant state gave rise to a condition that was to all intents and purposes lithiasis.

Dr. E. P. Christian read a paper on "The Proportion and Causes of Still Births," in which he stated that the average of deaths for States and countries was about four per cent., while for large cities it was seven per cent. He also stated that syphilis, drunkenness and ergot were the chief causes of death.

In the discussion which followed, both Professor Simpson, of Edinburgh, and Drs. Dunmire, Lester, Stewart, Robinson and Salle, all agreed with the author in his condemnation of ergot.

Section in Diseases of Children.

Dr. Albert R. Leeds, of Stevens' Institute of Technology, read the first paper on "The Nutrition of Infants."

Professor D'Espine, of Geneva, had the next paper, which was read by Dr. Cordes, of Geneva, on "Observations on True or Lobar Pneumonia in Children." He described three forms which he thought were specially characteristic in children.

Dr. Henry Ashby, of Manchester, England, read a paper on "Scarlatinal Nephritis from a Clinical and Pathological Standpoint," in which he stated the results of his personal experience in fifteen hundred cases of the disease that had occurred in the Pendlebury Hospital for Sick Children in the last eight years. He finds that the first and most characteristic symptoms are diminished quantity of urine and puffiness under the eyes. In cases that recover, the urine continues to diminish and the puffiness to increase until an abrupt crisis occurs, when a large quantity of smoky urine of low specific gravity is voided and convalescence begins.

Dr. Frank Grover, of New York, read a paper entitled "Anatomical Characters of Scarlatinal Nephritis."

Section in Ophthalmology.

Professor X. Galezowski, of Paris, France, read the opening paper on "The Curability of Detachment of the Retina," in which he proposed the operation of sub-retinal aspiration, believing that effusion exists behind the retina. By this method he claims to have cured two out of seventeen cases. He only did the operation in bad cases.

Dr. J. A. S. Grant (Bey), of Cairo, Egypt, read a paper by Dr. Burgsch (Bey), of Cairo, on "The Predisposition to Glaucoma," in which it was stated that Semitic races were decidedly predisposed to the disease. It occurs four times as often in the Semitic race as in the other races.

At the Afternoon Session, Dr. A. G. Sinclair reported a case of "Retinal Glioma on Both Sides." These tumors occurred in a young child, who remains well, though the operation occurred six years ago.

Dr. H. C. Paddock, of New York, followed with a paper on "Ergot in Ophthalmic Practice," in which he advocated the use of ergot in congestive or inflammatory diseases of the eye, on account of its physiological action in constricting blood vessels and contracting unstriated muscular fibre.

Dr. Power read Dr. P. H. Mule's paper on "Evisceration and the Artificial Vitreous," in which a new operation for which improved results were claimed, was advocated.

Dr. R. L. Randolph, of Baltimore, Md., read the paper of Dr. Gifford, of Omaha, on "Further Contributions to Sympathetic Ophthalmia," which seemed to demonstrate the existence of a current from the fundus of the eye to the brain, apart from the channels of the optic nerve.

Dr. J. R. Cross, of Bristol, England, presented a paper on "Retinoscopy; It Promises

a Rapid and Reliable Method of Estimating Errors of Refraction, and is a Test of the Great Practical Value."

Another paper on "Retinoscopy" was presented by Dr. A. R. Baker, of Cleveland, Ohio.

Section in Dermatology and Syphilography.

Dr. P. G. Unna, of Hamburg, Germany, read the opening paper on "Seborrhoeal Eczema," in which he stated his opinion that all so-called dry seborrhoeas were chronic inflammatory processes. He regarded seborrhoeal eczema as a disease resulting from a change in the coiled sweat glands, as a result of which they secrete fat. There are three kinds, the first beginning as a latent catarrh of the scalp; the second occurs as an accumulation into fatty crusts between the hairs, causing the latter to fall out; the third form consists in a moisture or "weeping," especially about the temples and eyes.

Sulphur is the best remedy for this disease.

Dr. Rohé, of Baltimore, Md., then presented a patient with multiple sarcoma of the skin.

Dr. A. R. Robinson, of New York, reported a case of "Progressive Melanosis of the Skin."

Dr. Ohmann-Dumesnil, of St. Louis, then read a paper on "Double Comedo," in which he stated that he had found comedones double in two and one-fourth per cent. of all cases in hospital practice in male patients.

In the discussion, Dr. Unna said he did not believe that double comedo ever occurred in a completely healthy skin, but that there must have previously occurred some inflammatory process followed by cicatrization.

"The Treatment of Syphilis by Injection of Insoluble Salts of Mercury" was the title of a paper by Dr. H. Watraszewski, of Warsaw, Poland, in which it was stated that the author preferred the use of the yellow oxide of mercury. He claims that only from twelve to twenty injections are required for a course of treatment, and that four or five suffice to cause the disappearance of any lesion that may be present. The injections are given once a week. The following is a formula:

R Hydrarg. ox. flav. gr. xv
Gummi arab. gr. iv
Aque destillat. f 3 j
M.—Shake before injecting.

Section in Laryngology.

Dr. W. E. Casselberry read the opening paper on "Nasal Fibromata." He said that they should be thoroughly removed and their bases cauterized, as they are apt to degenerate into sarcomata.

Dr. John O. Roe, of Rochester, N. Y., followed with a paper on "Chorea Laryngis," in which he reported several cases in which this had occurred, generally in the course of general chorea. Treatment should be constitutional. In the discussion which followed, Dr. Thorne, of Cincinnati, Ohio, reported a case occurring in a pregnant woman.

Dr. M. F. Coomes, of Louisville, Ky., read a paper on "The Deleterious Effects of Tobacco on the Throat and Nose." The bad effects he found to be particularly noticeable in cigarette smokers.

Dr. Max. J. Stern then read a paper on "Intubation or Tracheotomy," in which he argued from statistics to show that intubation was followed by a lower mortality than tracheotomy.

Section in Dental and Oral Surgery.

The members of this section were given every opportunity to study the microscopy of the teeth. A number of very successful clinics were also held.

Dr. C. T. Goddard, D.D.S., of San Francisco, Cal., read a paper on "Pain in the Temporo-Maxillary Joint Caused by Irregularity of the Teeth." The pain was relieved by altering the teeth so that apposition was possible.

Dr. E. S. Chisholm, of Tuscaloosa, Ala., read the next paper, which was entitled "The Influence of Weather Changes on the Human Organism," which was an argument to show that atmospheric influences effect greater changes upon the human organism than any other one cause.

At the Afternoon Session, Dr. U. S. Davis was introduced by Dr. Taft as the man to whom the credit should be given for obtaining recognition for dentists by establishing the Dental Section. Dr. Davis replied in suitable terms.

Dr. E. S. Talbot, of Chicago, read an instructive paper on "The Etiology of Irregularities of the Jaws and Teeth."

Section in Climatology.

Dr. T. M. Coan, of New York, read the first paper, which was entitled "American Mineral Waters, with Remarks on Climate;" a literary notice of this paper appeared in the preceding number of the REPORTER.

Dr. R. J. Munn read the next paper on "A Contribution to the Study of Climatic and other Peculiarities of Localities which Determine Exemption from Endemic Plagues." The locality particularly studied was Savannah, which seems to be exempt from certain diseases.

Section in Gynecology.

Dr. Ephraim Cutter, of New York, read the first paper on "Galvanism for Uterine Fibroids," in which he claimed priority for the operation, and criticized Apostoli. The paper gave rise to some feeling, which seemed rather adverse to the speaker.

At the Afternoon Session, two papers were read on the subject of "Hysterectomy for Uterine Cancer" by Drs. A. Reeves Jackson, of Chicago, and A. Martin, of Berlin. The papers took decidedly opposite grounds and from the interest of the subject and the fame of the debators attracted quite a good deal of interest. We give below a synopsis of the two papers with the discussion which followed:

The subject of Dr. Jackson's paper was "Modern Treatment of Uterine Cancer." The paper was a very logically written one, in which the author maintained that correct views as to the pathology and accurate diagnosis were the safe guide to proper treatment. The local origin of cancer, which implies the possibility of its removal, is the basis of the modern treatment. This theory true, failure to cure depends on inefficient or untimely employment of the remedies. All means are inadequate which do not thoroughly remove the diseased structures. The location of the disease or the condition of the patient may demand palliative or radical treatment. Palliative measures are always available while radical measures are not always safely applicable. Medical agents taken internally may be beneficial as palliatives, but are useless so far as we know in removing or modifying the progress of disease. For this purpose we can rely only on topical treatment. Topical means comprise various astringents, detergent and anodyne agents as palliatives; and for the partial or complete removal of the disease, caustics, the cautery (thermo-galvanic) scraping, gouging or cutting instruments. Results have been obtained by the use of these agents, singly and variously combined. The author then mentioned the reasons why operative measures so frequently fail. The question of hysterectomy was then considered. Statistics of the operation and their fallacies were also given. The following were his conclusions:

1. Any operation for cancer which does not completely remove the disease will be followed by recurrence.

2. During life, the limit of cancerous disease originating in any part of the uterus cannot be known; hence no operative procedure can guarantee complete removal.

3. In view of this fact no operation is justifiable which greatly endangers life, provided other and safer methods are available.

4. Vaginal hysterectomy is more dangerous in a certain sense than the disease against which it is used; that is, a given number of patients afflicted with uterine cancer will live longer without than with the operation.

5. Other methods of treatment attended by not more than one-sixth to one-fourth the mortality of vaginal hysterectomy, are equally efficient in ameliorating the symptoms and retarding the progress of the trouble; and they have been followed by as seemingly good results as regards recurrence. Hence they should be preferred.

6. Vaginal hysterectomy does not avert or lessen suffering; it destroys and does not save life. It is therefore not a useful but an injurious operation, and as such is unjustifiable.

The paper of Dr. Martin was an eminently learned one and brimfull of experience. The well known fame of this operator drew out a large representation. The subject was "The Vaginal Total Extirpation of the Cancerous Uterus."

He first discussed the inauguration of this operation which was first performed by Freund about ten years ago. Since that time sufficient material has accumulated to decide the two questions which may be asked concerning every new method of surgical treatment.

1. Is this operation practicable with such immediate success that it promises good results in the hands of others than those who are especially successful operators?

2. Does the extirpation of the cancerous uterus give permanent results which force us to recognize that this method is superior to any other treatment of cancer employed up to the present time?

In seeking an answer to the first, if we examine the literature we are struck with the fact that only meagre and isolated reports about this operation can be found in English and German medical journals. Vaginal extirpation has obtained decided recognition in Germany. In that country the purely vaginal operations of Czerny and Billroth and Schroeder has been adopted instead of the procedure of Freund, which was a combination of abdominal and vaginal operations. The results of the same have improved noticeably with increasing exercise and experience.

In 1881 Olshausen collected 41 cases with 29 per cent. mortality. In 1883, Säger 133 cases, 28 per cent. mortality. In 1884, Eng-

ström 157, with 29 per cent. mortality. 1886, Hegar 357 with 28 per cent. mortality.

Through the courtesy of these operators, who to my knowledge commanded the greatest amount of material, and at my request placed at my disposal the results up to the end of the year 1886, I am able to construct the following table:

Table I. Up to the end of 1886 these total extirpations have been performed on account of carcinoma uteri: Fritsch, 60 times, with 7 deaths; Leopold, 42 times, 4 deaths; Olshausen, 47 times, 12 deaths; Schroeder (Hofmeier), 74 times, 12 deaths; Staude, 22 times, 1 death. A. Martin, 66 times, 11 deaths. Total, 311 cases, with 47 deaths or 15.1 per cent.

Are we not justified in assuming that this rate of mortality will increase with more experience, as shown by the published tabular results of each of these operators? Already the total extirpation of the uterus for cancer shows better results so far as immediate mortality is concerned than removal of the breast for cancer.

For the latter, Kuster at the 12th meeting of the German Surgical Society in 1883, published 778 cases with a mortality of 15.6 per cent. Who would hesitate to propose to perform the amputation of the cancerous breast so soon as the diagnosis is established?

I do not hesitate to answer my first question in the affirmative, and to claim for this operation of the vaginal total extirpation of the uterus a full and equal rank among all methods for the treatment of cancer of this organ.

For an answer to the second, we will make use of the relatively small, but very accurately reported cases of Schroeder, collected by Hofmeier and those of Fritsch, Leopold and myself; they are brought together in the following table:

Table II. demonstrates by permanent results that vaginal total extirpation, in this relatively short period of observation, gives results equal to the best results of carcinoma operations of other organs.

The author up to the end of 1885 operated on 44 cases; of these 18 or 29.7 per cent. relapsed; 31 or 70.8 per cent. recovered.

Is there any other method of treating cancer which, with so small mortality, can show equally good results? There is no other mode of treating cancer of the fundus and those forms of disease of the cervix in which the mucous lining of the cervical canal is the point of origin, or in which there are carcinomatous nodules in the tissues of the

neck. There is no room for discussion, except in epithelioma of the portio vaginalis, arising from the surface of the cervix; that is from a surface covered with flat epithelium and containing very few glands.

This form, according to Ruge and Veit and Schroeder and Hofmeier, has an essentially less malignant character than the above mentioned forms of carcinoma of the neck. According to Hofmeier the high excision for epithelioma of the cervix has shown a mortality in the operation of 7.4 per cent., and a recovery of 58 per cent. for the first year and 38 per cent. after four years.

That relapses are not prevented by this operation is expressly stated in Hofmeier's communication, and therefore it cannot be maintained that high excision is a safe means for treating this form of epithelioma of the cervix. My own experience in 23 cases of high excision was that 6 died under the influence of the operation, but all of the survivors relapsed in a short time; only a few lived to the end of the second year.

I agree with Fritsch that the observation of cases as to progress of the disease in isolated nodules in the mucous membrane up to the fundus, in cases of carcinoma colli, is sufficient in itself to show that it is erroneous to claim that in carcinoma of the cervix we should try to save the body of the uterus. Binswanger and P. Ruge have described such well-marked cases.

The possibility of a subsequent pregnancy is not excluded in cases of high excision; but Hofmeier himself declares that pregnancy is a very serious danger in carcinoma. Therefore I am convinced that it is much better to immediately perform vaginal total extirpation in these forms of epithelioma of the cervix. The sooner we operate the more surely we may hope to save our patients from the sad fate of death by cancer. The greater the experience with vaginal total extirpations, the more has the rule been proved that we shall perform the operation only when the vicinity of the uterus is entirely free from carcinomatous infiltration. All attempts to enlarge the boundaries of the operation in this direction have failed. It becomes more difficult through such infiltration, the danger increases, and there can be no hope of a permanent cure. The majority of operators, so far as I can learn, have concluded, as I have, not to expose these cases to any attempt at a radical operation.

If the carcinoma appears in the form of a solid infiltration of the ligaments and the walls of the vagina, then the diagnosis and decision present no difficulties. The progress

of the disease by means of lymphatics is often impossible to discover before the opening of the roof of the vagina. Such cases then are not dangerous so far as the operation is concerned, but hopeless as regards a permanent cure. They should be put in a separate column in summing up the permanent results of the operation.

Cicatrices on account of former inflammations in the floor of the pelvis may make the procedure exceedingly difficult and aggravate the prognosis through the shock of the operation, which is often very serious. One should venture to operate in such cases only if there is strong indication for interference and reasonably great experience on the part of the surgeon.

The technique of the operation has undergone only immaterial changes, as is shown by the results of operators using different methods. It is irrelevant whether the uterus be relieved by an incision made in front of, or at the side of the neck, or behind it. It is of little importance whether hemorrhage be prevented by stitches introduced before the incision, or whether each separate vessel be seized and tied as it bleeds. It is immaterial whether the uterus be turned over or removed by drawing it down and freeing it; whether the opening in the floor of the pelvis remain open or be closed, or be drained either with the iodoform gauze or with a tube.

If it be easily practicable I advise that the ovaries and tubes be also removed. It is immaterial whether the wound be sutured or not. It is wonderful what little impression the operation makes on the patient. One can liken her very much to a puerperal woman.

Bleeding must be stopped, at all events, during convalescence; the parts as much as possible kept at rest. Washing out the peritoneal cavity does not work favorably. However the opening in the floor of the pelvis is treated, a smooth scar is finally formed into which the roof of the vagina curves upward. If the patients do not become septic or get any other complication, they make an extraordinarily rapid recovery. They regain health and strength, and after the symptoms of the sudden change of life have been overcome, they seem to enjoy life fully. There is no observation showing that after removal of the uterus, without the tubes and ovaries, the patients lose their sexual feelings or their peculiar feminine form.

I recommend the vaginal extirpation, as the means which we ought to employ, in cases of cancerous diseases of the uterus, as long as the disease is limited to the uterus itself.

Dr. Martin, in opening the discussion on Dr. Jackson's paper and his own, further said: I am accustomed to prepare my patients for operation with the most thorough antiseptic vaginal injection. He then described most minutely his method of operating. He very frequently opens Douglas's pouch at one stroke of the knife. You then see the posterior fornix and cut carefully, paring with the finger nail. When the peritoneum is opened, I introduce one finger into it, and have warm water running over the surface, and do not use sponges. I suture the vagina to the peritoneum. When I have freed the broad ligament, I cut it from the uterus and generally have no hemorrhage. I then proceed in like manner on the other side, till I have the broad ligament severed there also. Up to this stage there is very slight hemorrhage. I then commence on the bladder, freeing it with the forceps or the knife. After it is freed, I unite the cut border of the vagina with the peritoneum just as I did before. I am accustomed to put a drainage tube of India-rubber into the peritoneum. I think it does good, although I must confess that I believe that a case which is not infected should be closed up. Yet I have had such good results from this that I still use it. There are various gentlemen present who have seen me operate and who can testify that I lose a very small amount of blood. Of course, there are cases where loss of blood is necessary from the existing conditions. The operation is yet new; it has only been done for three years, and I think we will improve on it very much. We should not proceed to operate unless we know the cancer to be limited to the uterus. Most operators in Germany agree with me on this point. We should not go by the statistics of several years ago; we are doing better every year from the collected experience. The operation has been performed for proclivencia, myomata and other complaints. Dr. Jackson cites an apparent difference in my statistics. I differentiate between cases which are limited to the uterus and which are not so limited. In only 36 cases of mine has it been proved that the disease was limited entirely to the uterus. I think that the statistics of the operation will not yet allow that it be condemned. We should go on with our work gathering experience, and I think we will receive the applause of future generations. Dr. Martin then showed specimens which he had brought with him from Berlin of cases which he had operated upon.

Dr. D'Arny, of Hungary, gave a history of

his experience with 12 cases. Out of these 12 cases only 2 are now living, after a period of 3 or 4 years. As to the operation, he thought that the best we could do was to close the opening into the pelvis and vagina with iodoform gauze and let the patient alone. As to Dr. Jackson, he thought he was on the wrong road with his statistics. Statistics deal only with quantity, not with quality. If there are 100 persons on a ship, possibly I could only save one of them. Should I not save this one? Certainly. Patients suffering with cancer of the uterus are shipwrecked persons, and sure to die a most painful death. We can save a number of our patients, and those who die usually die in a short time and have comparatively comfortable deaths. Humanity demands of us that we do the operation of vaginal hysterectomy in all cases in which we can remove all of the diseased tissue.

Dr. Dudley, of New York, wished to enter a plea for vaginal hysterectomy for uterine cancer in America and point out why the operation had been less successful here than in Germany. Martin had 66 cases with 11 deaths. In a paper read by the speaker some timesince, he reported 66 cases with 34 deaths. These 66 cases however were divided between 34 operators, and here lies the difficulty. Experience is a good teacher, and practice makes perfect. The child must creep before it can walk; and the surgeon must have a fair trial, especially in America. As in the case of ovariectomy, which originated in America, our surgeons are almost flocking to Europe to learn how it is done. The amount of pain and suffering in the death of the patient is one of the points which should induce us to try this operation. The doctor then showed some pictures on a screen relating to the discussion.

Dr. Nunn, of Savannah, Ga., said that there was always a starting point to cancer. It is generally due to neglect of fissures or some other irritant, arising consequent to parturition. In his own practice he has his patients report to him occasionally after delivery to see that they take care of themselves properly, and had not had a case of cancer in his own patients.

Dr. Graily Hewitt, of London, said that the whole civilized world, and the uncivilized, too, are under obligations to Dr. Martin and his colleagues for their work in this line for having advanced the operation to its present state. In a discussion in the London obstetrical society a few years ago I was the only one who refrained from condemning the operation. I think it should be done in

properly selected cases by gentlemen of experience.

Dr. Cutter, of New York, regarded cancer as a disease of nutrition, and recommended a diet of beef and milk.

Dr. A. Reeves Jackson, of Chicago, thought it wrong to attempt to reason against facts, as well as difficult. His paper was based on facts founded on the results of Gausserow, Paget and such men. These gentlemen had estimated the duration of life in those women suffering from uterine cancer to be 21 months as an average. If this be true, then my calculation as to the duration of life will not be denied. The average duration of life of women operated upon is 14 months; this difference in the aggregate amounts to nearly 800 years of grand total loss of life. Does anybody allege that it has saved life? Dr. Martin claims that the operation should be done only when the disease is limited to the uterus. How does he know that the disease was limited to the uterus, because it did not return? Baker, of this country, by his high operation has 60 per cent of recoveries, which is far better than Martin's.

Dr. Martin replied that he knew that a cancer was limited to an organ by its having a layer of entirely healthy tissue around it.

Section in Anatomy.

Dr. M. J. Roberts, of New York, read the opening paper on "The Fundamental Anatomico-mechanical Considerations Underlying the Successful Treatment of Deformities, Diseases, and Weaknesses of the Spine." In this paper the author recommended wire corsets as the best contrivance in Pott's disease.

At the Afternoon Session, Dr. W. X. Sudtho, of Philadelphia, read a paper on "The Development of Bone." He declared that the white blood corpuscle was the basis of all connective tissues, and that osteoblasts never ossify.

Dr. N. Stamm, of Fremont, Ohio, read the next paper on "The Anatomical Points of Value in the Diagnosis of Some Joint Affections." The author referred at length to the anatomy of the synovial sac.

Dr. Benjamin Lee, read a paper on "A Case of Deformity of the Spinal Column Produced by Maternal Impression on the Foetus," which treated of a case of vertebral disease.

Section in Psychological Medicine.

Dr. S. S. Bishop read the opening paper on the "Pathology of Hay Fever," in which he expressed the opinion that this disease was catarrhal, and of nervous origin.

Dr. Elliott, of New Haven, read a paper on "The Treatment of Neuralgia," for which disease he used morphine largely. In the discussion which followed, most of the speakers were opposed to the indiscriminate use of morphia.

Dr. Russell followed with a paper on the "Borderland of Insanity," in which he strove to show that epilepsy and such like diseases did not result in mental weakness.

Dr. Fisher read the next paper on "Nursing Reform."

At the Afternoon Session, the first paper was "Insanity as a Defence for Crime," by Dr. W. W. Godding.

This was followed by a discussion upon Syphilis Associated with General Paralysis, in which Dr. Savage, of London, lead.

Professor Mendel then presented an address on "Moral Insanity," in which he urged that the term should be stricken from the category of mental diseases.

FRIDAY, SEPTEMBER 9.

At the General Meeting in the morning, after some announcements had been made, Dr. Hamilton reported that the committee appointed to select the next meeting place for the Congress had chosen Berlin, Germany, and the time as 1890.

Dr. Hamilton also reported a recommendation in favor of uniformity in reports of sick and wounded in all the armies of the world.

Resolutions from the section in Hygiene and public medicine were also offered, calling attention to the frequency of railroad casualties, and recommending greater attention to sanitary laws by railroads.

Resolutions were also reported from the same section, recommending the co-operative investigation of the results claimed by Dr. Freire to result from inoculations of yellow fever.

Dr. Charles D. C. Phillips was then called to the chair by Dr. Davis, while Dr. G. F. Blandford, of London, delivered an address on "The Treatment of Recent Cases of Insanity in Asylums and in Private Houses."

The author devoted his study to recent cases of insanity, and stated that the question whether such insanity should be treated in an asylum or in a private house was largely decided by the question whether or not confinement in an asylum would damage the patient's future prospects, financially or socially.

Attacks of maniacal excitement are likely to be of short duration, and may result from drink, or from shock in a neurotic person.

Prognosis as regards recovery is good, but the duration is doubtful. Attacks of melancholia are of long duration, and suicide is common. This can only be prevented by unremitting watchfulness on the part of attendants, which can be done in a private house as well as in an asylum. But if food has to be forced upon a patient, a number of assistants such as are to be had in an asylum will be necessary.

Acute primary dementia may also be treated successfully out of an asylum. A final point to be considered in deciding to keep a patient in a private house or to send him to an asylum, is the question of funds. It costs much more in a private house. Where means are slender, the patient should be sent to an asylum.

A vote of thanks was unanimously given to Dr. Blandford, at the conclusion of his address.

Section in General Medicine.

The first paper was read by Dr. G. E. Stubbs, of Philadelphia, whose subject was "Rational Treatment of Diseases of the Respiratory Apparatus." The author stated his preference for local counter-irritation in phthisis.

Dr. Eye, of Reading, Pa., read the next paper on "A New Method of Treatment of Phthisis," in which he recommended the inhalation of the gases generated by adding the white of one egg to six or eight ounces of water and keeping the mixture in a bottle for four or five days. He reports favorable clinical results from this use.

Sir James Grant, of Canada, then read a paper on "Diphtheria," in which he divided the disease into the simple and the malignant. The disease is a blood poisoning. At the beginning of the attack he uses baths of one ounce of mustard to a quantity of water contained in an ordinary bath-tub. Following this bath, the patient is wrapped up and diaphoresis encouraged. In the malignant type of the disease, treatment seemed unavailing. The author stated, also, that when there is a large snow-fall and consequent dryness of the atmosphere, diphtheria is less prevalent.

At the Afternoon Session, Dr. Ouchterlony reported very favorably on behalf of the committee appointed to examine Dr. Körösi's paper on the "Preventive Power of Vaccination."

Dr. A. B. Arnold read a paper on "Dilated and Fatty Heart."

Dr. Geo. E. Fell, of Buffalo, N. Y., read a paper on "Forced Artificial Respiration in

Opium-Poisoning; its Possibilities and the Apparatus best Adapted to Produce it," in which he advocated tracheotomy and artificial respiration with bellows.

Section in Surgery.

The first paper was entitled "A New Method of Operation on Bone," and was read by Milton J. Roberts, of New York. The author demonstrated his electric-osteotome, which consists of an electric-motor to which may be attached trephines and circular-saws of various sizes. By means of an attachment a saw is used having a to and fro movement. The motor is run by a storage battery. There is also an electric light with a mirror attached to the motor by which light is thrown on the part operated upon. In addition there is also a spray-apparatus operated by compressed air, by which a constant spray is thrown upon the saw while in operation. This is found to facilitate the cutting. All the various attachments are under the control of one hand.

Dr. George E. Post, of Beirut, Syria, read a paper on "Calculus in Syria." Stone is a common affection in almost every part of Syria and Palestine, but more frequent in certain villages than in others. The proportion of large stones is greater than it is either in Europe or America. This is to be explained by a number of causes, among others the prejudice against surgical operations, the want of skill on the part of surgeons, the ignorance with reference to the use of the sound and the poverty and ignorance of the people, leading them to postpone operation as long as possible. To these is to be added the traditional faith in the solvent power of certain substances. The native surgeons in operating practice median lithotomy. The patient is placed on his back in the lithotomy position, without anæsthetics, and one or two fingers are introduced into the rectum. The stone is pushed forward with the fingers until it impinges on the perineum. The operator then cuts with a razor or a scalpel directly on the stone, the cut extending from a little behind the scrotum to within the anus, laying open not only the perineum but also the lower portion of the rectum, and the stone pops out. This method of operation is of course productive of many cases of fistula of various kinds. There is also considerable risk from hemorrhage. In one case operated on in this way in infancy, the author found three stones in the scrotum and two in the perineum.

The largest stone removed by the speaker weighed about twelve ounces. It was four

inches in length, three and one-half in breadth, and nearly two inches in thickness. This stone was removed by perineal lithotomy, and it was necessary to cut the prostate on both sides and also in the middle. The patient from whom this stone was removed did well for fifteen days, when as a result of imprudence in diet he was attacked with a colliquative diarrhea and died seven weeks later from exhaustion. There were no unfavorable symptoms connected with the wound. The greatest number of stones removed from one patient was two hundred, but many of these were merely granules. In one case there were eleven stones of nearly equal size and weighing in the aggregate about six ounces.

The author had operated on two hundred and fifty cases. Less than one-half of the stones were composed of phosphates, over one-third consisted of uric acid and urates, and of the remainder the most consisted of oxalate of lime, with a few carbonate of lime stones. One hundred and seventy-six of these cases were operated on by perineal lithotomy. Of this number, ten cases proved fatal; 106 of the 176 were in children less than ten years of age. Two of these children died—one of erysipelas, and the other of shock. The remaining 70 cases were between 11 and 75 years of age, and, of this number, 8 died; four of the fatal cases were between 65 and 75 years of age. In 44 cases, lithotripsy was employed, with a fatal result in 4 instances. Of the 250 cases, eleven of the patients were females.

Two cases of urethral stone were reported. The first was that of a man of seventy with phimosis. A stone was found at the meatus, and removed. A second was found four inches from the meatus. This was also removed. A third stone was detected in the membranous portion of the urethra, but during the manipulations it passed into the bladder. Two or three days later it was caught with a lithotrite, and removed. The second case occurred in a child two years of age, who was brought to the speaker on account of total retention of urine. The distended bladder reached above the umbilicus. An obstruction was found at the neck of the bladder, but it was found possible to pass a catheter over the obstruction. The urine was drawn for several days. It was then decided to make an exploratory section, but when the time for operation arrived it was found that the stone had been dislodged, and was at the meatus. It was then removed without difficulty.

Dr. J. S. Grant (Bey), of Cairo, Egypt, in opening the discussion, said: I have listened with much interest to the paper, and it may be of interest to say something with reference to stone in Egypt. This is a very common affection in Egypt, where we have another common disease, that is, Bilharzia hæmatobia. Certain investigations seem to show that the germs of this disease have something to do with the causation of stone. Sections of calculi have revealed the presence of the germs of this affection. The following case recently presented himself to me: The patient, a railroad employé, came with considerable inflammation of the scrotum and with a fistulous opening entering the scrotum. A large scrotal calculus could be readily seen. Six years previously the patient had suddenly had retention of urine. This continued ten days, and the trouble then suddenly disappeared. After this he noticed that the scrotum was gradually increasing in size, and made a large incision through the fistulous opening and removed from the scrotum a stone weighing fourteen ounces.

In Egypt we do not have the class of stone cutters referred to by Dr. Post. Egypt is divided into fourteen provinces, each of which has a hospital under the charge of a competent physician.

Dr. Oscar J. Coskery, of Baltimore, reported a case of "An Uncommon Fracture with Dislocation of the Tarsus and Metatarsus."

Following this, a paper was read on "Elastic Contraction of the Neck, with Exclusion of the Trachea as a Means of Controlling Hemorrhage in Operations on the Head," by N. Senn, M. D., of Milwaukee, Wis. The author referred to the many advantages derived from the use of the Esmarch bandage in operations on the extremities. In the case of the head where bloodless operations are most desirable, we have, so far, not been able to attain that result. The principal objection to constriction of the neck appears to be the necessary compression of the trachea. It is also possible that the pressure on the pneumogastric and phrenic nerves may interfere with respiration. The author had taken dogs, and isolating the trachea had passed an elastic bandage around the neck between the oesophagus and the trachea. This produced no immediate effects on respiration. In one case the dog was allowed to live two hours with the band around the neck and no blood going to the brain with the exception of that which reached it through the vertebral

arteries. This animal was allowed to live and presented no subsequent symptoms. It was found that after the band was applied the lingual, the external, the internal and the common carotid could be divided without any escape of blood from the proximal extremity. The only arterial hemorrhage was from the peripheral and through the collateral circulation. There was some venous engorgement, and as a consequence a certain amount of venous bleeding. By this method we can extirpate the tongue, excise the upper jaw, perform radical operations on aneurisms, especially on aneurisms by anastomosis, and do other operations that could not be done without it.

"Congenital Dislocation of the Heads of the Femora" was the title of the next paper by Dr. Carnochan, of New York.

Reference was made to the general lack of knowledge concerning this malady. The affection is, however, not an infrequent one. The author had seen seventy-five cases during the past twenty-five years. Drawings from several cases of this kind were exhibited, showing the peculiar deformity which this malady produced. The pelvis and femora taken from an individual sixty years of age, who was the subject of congenital dislocation at the hip-joint, was shown. There were marked changes in the structures of the heads of the thigh bones and also in the acetabula, which were simply triangular cavities. As to the cause of this condition, it was uncertain whether it was due to rough handling or to want of nutrition.

Dr. Morris, of New York, in opening the discussion, said: It is evidently not due to rough handling; for it is quite frequent in the Northern part of Germany where women receive skillful attention during confinement. The deformity is quite frequent where rachitic affections abound.

Dr. George E. Post, of Beirut, said: I see this condition quite frequently. While one class of cases may depend on rachitis, there is another class in which the condition is evidently the result of mechanical causes. In a recent case I found the head of the femur in the thyroid foramen. There was no history of injury. I can only explain the numerous cases disassociated from scrofulous and rachitic affections as due to some movement of the child in utero.

Dr. Spanton, of Hanly, England, exhibited a pad for retaining the discharges in cases of fecal fistula.

Dr. Arthur H. Wilson, of Boston, illustrated with the stereopticon, certain histologicopathological changes in the prostate gland.

The last paper was entitled "Alcohol as an Anæsthetic," and was read by Dr. John E. Link, of Terre Haute, Ind.

After an experience of twenty years, the author recommended the use of whiskey as an anæsthetic. He advised the use of full proof whiskey at least two years old, giving from one to two ounces, repeated every three to five minutes, according to the rapidity of its absorption. The quantity given varies between sixteen and twenty-four ounces. The patient is then allowed half an hour to quiet down. If the desired effect is not produced, a few inspirations of chloroform are given. The two agents combined give better results than either alone. A number of cases in which this method was employed were reported.

Dr. Koser, of Williamsport, offered a resolution to be forwarded to Professor Billroth, congratulating him upon his recovery from his severe illness. Adopted.

After extending a vote of thanks to the President, the section adjourned *sine die*.

Section in Military and Naval Surgery and Medicine.

Dr. E. H. Gregory, of St. Louis, Mo., read the first paper, entitled "Amputation for Injury of Living Parts Never Necessary."

Dr. J. H. Gregory, of Omaha, Neb., read a paper on "The Superiority of the Bavarian Plaster of Paris Splints for Gun-shot and other Fractures of the Limbs," which gave the author's experience as surgeon during the late war.

Dr. R. F. Tobin, of Dublin, Ireland, sent a paper on "Some Remarks upon the Kind of Dressing Most Available for Gun-shot Fracture of the Lower Limbs on the Field in Connection with Transportation." This paper was read in the absence of its author, by Dr. Marston. The author advised fixing not only the injured limb, but the opposite one, and also the trunk.

Dr. Henry H. Smith was then presented by the section with a beautiful agate vase, accompanied with appropriate resolutions.

At the Afternoon Session, the first paper was read by Dr. E. Griswold, on "The Conditions on the Field which Justify Amputations in Gun-shot Wounds," in which the author stated that amputations are sometimes demanded when the exigencies of war will not permit of their performance. When a wound is beyond the reach of conservatism, the surgeon should amputate.

Section in Obstetrics.

The committee appointed to formulate resolutions in regard to uniformity in obstetrical nomenclature, made its report.

Following this report papers were read by Dr. S. Stringer, of Florida, on "A Rational Method of Relieving Asphyxia Neonatorum;" and by Dr. Ira E. Oatman, of San Francisco, Cal., on the "Treatment of Puerperal Eclampsia," in which he recommended *verum viride* as the best remedy.

At the Afternoon Session, Dr. H. O. Marcy, of Boston, Mass., read a comprehensive paper on the "Histology and Pathology of Reproduction," in which the writer tried to show that a destructive change effects the lining membrane of the uterus after conception.

Dr. E. Paul Sale, of Aberdeen, Miss., read a paper on "The Management of Pregnancy, with Reference to the Prevention of Post-partum Hemorrhage, in which he urged the importance of prophylaxis.

Dr. G. W. Jones, of Danville, Ill., read the next paper on "Dystocia from Rigidity of the Cervix and its Management."

Section in Diseases of Children.

Dr. A. B. Judson, of New York, Vice-President of the section, announced that the meeting would be devoted to Orthopaedic Surgery.

The first paper was presented by Dr. Wm. E. Balkwil, of London, on "The Treatment of Congenital Club-foot, Demonstrated by the Exhibition of Apparatus."

Dr. Lewis A. Sayre read a paper on "The Necessity of Section of Contractured Tissues before Mechanical Treatment can be Effectual." The author defined a contracted tissue to be one that is shortened but yet is capable of being elongated, while a contracted tissue cannot be elongated.

A number of papers were then read by title. Following these, the section was closed by a few appropriate remarks from the President, Dr. J. Lewis Smith.

After this, preliminary steps were taken to form an American Pediatric Association.

Section in Ophthalmology.

Dr. E. Smith, of Detroit, Mich., read the first paper on the "Treatment of Abscesses and Ulcerations of the Cornea with Jequirity," and in which he reported very happy results following the use of the drug for this purpose.

Dr. D. S. Reynolds, of Louisville, Ky., read a paper on the "Necessity for Reform in the Manner of Designating Lenses," which was a purely technical paper.

Dr. E. Jackson, of Philadelphia, followed with the same character of paper, the title of which was "The Designation of Prisms by

the Minimum Deviation Instead of by the Refraction Angle."

Dr. G. S. Norton, of New York, followed with a paper on the "Relative Importance of Small Degrees of Astigmatism as a Cause of Headache and Asthenopia."

Dr. F. B. Tiffany then read a statistical paper on "Ametropia," in which he recorded the results of his examination of over two thousand school children in Kansas City, Mo. The paper gave occasion for a very interesting discussion.

Section in Dermatology and Syphilography.

Dr. A. R. Robinson read the first paper upon "Alopecia Areata, with Demonstration of Deep-seated Micro-Organisms." The author expressed the opinion that in this disease the hairs themselves were not diseased, and stated that he had found micro-organisms in the lymph spaces of the corium and subpapillary layer. He was inclined to regard them as causative. He has found chrysophanic acid trustworthy for treatment.

Section in Laryngology.

Dr. Carmalt Jones, of London, England, read a paper on "The Action of the Epiglottis in Swallowing," in which he expressed the opinion that the function of the epiglottis was not to act as a lid to close the larynx against the entrance of food as it is swallowed.

Dr. C. Slover Allen, of New York, then presented to the section a New Snare and Ecraseur.

At the Afternoon Session, Dr. C. M. Desvernine, Havana, Cuba, read a paper on "The Longitudinal Tension of the Vocal Cords, its Physiology and its Derangements."

The closing paper before this section was read by Dr. Joseph O'Dwyer on "Treatment of Chronic Stenosis of the Larynx and Trachea by Intubation." Dr. O'Dwyer's right to speak authoritatively upon this subject is well-known, and his remarks were listened to with close attention.

Section in Dental and Oral Surgery.

Dr. Starr gave an exhibition of the method of capping the exposed pulp of a tooth so as preserve its vitality.

Dr. W. J. Younger showed how to implant teeth.

Dr. F. Bush, of Berlin, Germany, read a paper on "The Comparative Pathology of the Teeth, with Special Reference to the Tusks of the Elephant."

Dr. E. Andrieu, Paris, France, read a paper on the "Sixth-year Molar," in which he expressed the opinion that it should be extracted.

In the discussion which followed, the opinion was general that such a view was obsolete, while Dr. Paul Dubois, of Paris, France, stated that French dentists did not do the operation.

Dr. J. S. Marshall, of Chicago, Ill., read a paper on "Operation for the Cure of a Persistent Facial Neuralgia of both Temporo-Maxillary Articulations, and Reflected Pain in the Right Brachial Plexus."

Dr. A. H. Thompson, of Topeka, Kansas, read the closing paper on the question, "Does Function Control the Evolution of Structure?"

Section in Climatology.

A number of papers were read, none of which were of general interest.

Section in Gynecology.

A number of interesting papers were presented before this section, but as they did not embody anything not already presented to the readers of the REPORTER, abstracts will not be reproduced.

Section in Anatomy.

Before this section Dr. A. H. P. Leuf read an instructive paper upon "The Proper Methods in the Study of Anatomy," in which he itemized defects in the present system of instruction, and indicated the direction in which improvements should be made.

FINAL SESSION, SATURDAY, SEPTEMBER 10.

At the General Meeting in the morning, the foreign delegates to the Congress offered resolutions embodying their thankful appreciation of the attentions shown them, and expressed particular appreciation of the services of Drs. Henry H. Smith, John B. Hamilton, A. Y. P. Garnett, Toner and Arnold.

In closing the last general meeting of the Congress, Dr. N. S. Davis thanked the foreign members in the name of the Medical Profession of the United States for their sympathy and assistance in the work of the Congress. He then declared the Ninth International Medical Congress closed.

EDITORIAL DEPARTMENT.

PERISCOPE.

A Case of Acute Polymyositis.

In a review of several cases of acute polymyositis, in the *Allgemeine med. Central-Zeitung* (July 23, 1887), there is the following account of a case of Wagner's. The patient was a woman, a cook by occupation, thirty-four years old, and suffering from chronic fibroid phthisis. During the latter part of June of last year, she was taken sick with pains in the back and loins. Subsequently there was stiffness and pain in the throat, neck and shoulders, and in the joints of the hands and legs. She was finally received into the Leipsic clinic on July 19, at which time, in addition to the troubles just mentioned, she exhibiting slight oedema of the backs of the hands, forearms and lower part of the thighs, which oedema increased and extended until in both arms the contour of the muscles could neither be seen nor felt, while motion was very difficult. On the extensor surfaces of both arms there was developed an erysipelatous redness with a remarkable indented border. The redness and swelling decreased and at the same time the moveability of the arms improved. The existing fever of 102° Wagner traced back to lung complications,

though physical examination of the chest did not show any progress in the process there. Therefore, the reviewer thinks, the attacks of dyspnoea are to be traced to an affection of the thoracic muscles, which were concerned in all these cases. The patient died in an attack of suffocation on August 29, after having had considerable difficulty in swallowing.

At the autopsy, characteristic myositic changes were found in all the voluntary muscles. In this case the diaphragm, the tongue, the muscles of the eye and the heart escaped; the spleen was of moderate size, and the brain, spinal cord and peripheral nerves showed no changes. Wagner endeavors to show the dependence of the symptoms in question upon progressive muscular atrophy; but according to the reviewer the three observations which have now been exhibited, to which a fourth made by Wagner twenty-four years ago might probably be added, make it seem beyond doubt that the disease must be separated from progressive muscular atrophy and must be regarded as an affection *sui generis* which lifts itself by distinctive marks out of the degenerative myopathies known to us.

"The appearance of the disease with fever, swelling of the spleen, and oedema," con-

cludes the reviewer, "the pronounced inflammatory nature of the muscular change, its preference for the muscles of the extremities, the progressive course of the disease to involvement of the muscles of deglutition and respiration, the escape of the eye-muscles and of the heart, tongue and diaphragm, the appearance of urticarial or erysipelatous eruptions which was observed in all three cases, the occurrence of death through attacks of suffocation and of pulmonary symptoms—all these features form the chief line of a picture of the disease whose further delineation must be relinquished to the future.

The author suggests for the disease the name "acute progressive polymyositis."

Effects of Hot Water Upon the Uterus.

As a result of his experiments upon rabbits, M. Milne Murray has arrived at the following conclusions:

1. The non-gravid uterus of the rabbit is subject to rhythmical contractions, one contraction every two minutes.
2. The introduction of water at a temperature of $105-110^{\circ}\text{F}$. produces an immediate state of tetany of the uterus lasting from five to thirty minutes.
3. The muscular contraction is accompanied by simultaneous contractions of the smaller vessels and the organ becomes exsanguine. The contraction of the vessels disappears gradually before the muscular spasm and is not followed by dilatation.
4. Water at $32-42^{\circ}\text{F}$. produces after 30-50 seconds a less energetic spasm than water at $105-110^{\circ}\text{F}$.
5. When the vascular constriction is followed by dilatation, the organ assumes a scarlet hue.
6. The spasm of the uterus is easily reproduced at short intervals by stimulating the uterus with hot water. It is not reproduced at a long interval by hot water.
7. A faradic current of short interruptions acts in the same way as hot water and produces tetany.

These results serve to explain the employment of irrigation in the treatment of uterine affections—*Revue Médicale*, June, 1887.

A Case of Total Extirpation of the Uterus and Nephrectomy in one Sitting, with Successful Result.

Schmidt's case is that of a woman forty-nine years old on whom extirpation of the uterus through the vagina was performed for carcinoma of the cervix. The posterior vaginal vault and the posterior vaginal wall

and right parametrium were infiltrated. In consequence of this the operation of Bardenheer was undertaken with great difficulty and haste. On investigating the extirpated uterus, it was discovered that a piece of the right ureter had been cut away. Bardenheer therefore decided upon the extirpation of the right kidney, which operation was executed at once by means of an incision opening from below. The patient recovered.

The author advises in similar cases to decide at once upon extirpation of that kidney whose ureter has been lost, and not first try by approximation of the stump of the uterus in the vaginal wound to obtain healing; otherwise it is easy, as the author has observed, for diphtheria and gangrene to arise from the urine dribbling over the vagina. The author believes that extirpation of the uterus is indicated when an accurate investigation has established the entire freedom of the surroundings of the uterus.—*Centralblatt f. d. med. Wissensch.*, July 30, 1887.

On the Drainage of Pelvic Abscesses by Trephining the Pubic Bone.

Rinne gives the following description of this process: Abscesses situated in the pelvis occasionally offer very unfavorable conditions for rational treatment, and thus, apart from the disease originating them which frequently is not influenced by treatment, the abscess cavity, for anatomical reasons, cannot be sufficiently cleared out and drained. The pus generally seeks its way outwards in the well-known typical manner. Surgery frequently aids these efforts of nature by early incisions, whereby the duration of the illness is considerably shortened; not unfrequently, however, it happens that the drainage of such pelvic abscesses can be carried out only very imperfectly; either the canal is too long and narrow, impeding the draining of the pus, or the pelvic cavity forms a kind of reservoir for the pus, the floor being more deeply placed than the drainage opening. This circumstance is often aggravated by the patients being forced to assume a permanent horizontal supine position. Psoas abscesses offer such conditions, especially those which open in the vicinity of Poupart's ligament; here the pus constantly stagnates, owing to the dorsal position of the patients. To improve the mechanical condition of the secretion, a drainage opening may be made into the deepest part of the abscess, through the pubic bone, and thus the pus may be carried out by the shortest route. Such drainage for pelvic abscesses by means of trephining the

pubic bone was first performed by Fischer (*Deutsche Zeitschrift für Chirurg.*, Band 13, p. 551), in 1880. No similar case has been described, but Rinne is informed that König and Madelung have repeatedly performed this operation, and a similar procedure has been carried out by Helferich. Fischer's case was that of a man 24 years of age, suffering from tubercular caries of the spine with an abscess, which was opened below Poupart's ligament; an opening was made through the pubic bone, which rendered drainage of the posterior part of the abscess cavity possible. The patient died of marasmus four and a half months later, but the operation had fulfilled all expectations; the enormous abscess cavity had contracted to a narrow fistulous channel, and no collection of pus was found in the pelvis. Rinne has twice performed trepanation of the pubic bone, both times successfully. These were cases where abscesses had developed in the pelvic cavity itself, and in the pelvic bones, they therefore offered better chances of cure than Fischer's case. But in both cases the discharge of pus had gone on for many years, and, notwithstanding repeated operations, it had been found impossible to arrest it. The relatively rapid cure after perforation of the pubic bone is therefore, without doubt, due to the favorable position for the discharge of pus, and the possibility of direct access to the affected portions of bone permitted by the operation. Rinne reports his two cases; only one of them will be abstracted here.

S., mechanic, aged 26, a weakly anæmic man, had suffered from coxitis in infancy, and recovered with ankylosis in good position. In the first years of the coxitis, the cotyloid cavity had perforated, producing a pelvic abscess, which became fistulous and remained so for fourteen years. The discharge of pus from the opening on the front of the thigh had varied considerably. In different hospitals the patient had been scraped, the fistula drained, but all to no purpose. Rinne proposed to chisel the pubic bone, which he did in October, 1882. First, he introduced a sound into the fistula, and marked the position of the abscess cavity in the hollow of the pubic bone. He advanced towards the cavity from without; the soft parts were cut through close above the great trochanter; the periosteum was peeled off, and a hole, the size of a shilling, made with the chisel in the pubic bone. A quantity of pus escaped and granulations protruded. The abscess cavity was carefully cleaned with the sharp spoon; the inner surface of the bone, which was bare, was also scraped. The bone

was nowhere necrotic or carious; it was indeed rather hard, and only a few vascular particles were separated by the spoon. The cavity was thoroughly washed out with salicylic acid solution, and a drainage tube inserted through the chisel opening into the abscess cavity. The subsequent course was without reaction. After three months, complete cure, with firm contracted cicatrices. The cure remains permanent. Both Rinne's cases were specially favorable for trephining. Such good results, of course, cannot be expected where the focus of pus formation is far from the pubic hollow, or where it is due to tubercular processes. Rinne considers this method as indicated in cases where the abscess has developed in the concavity of the os pubis itself, and in which evacuation and drainage at the usual places are insufficient. In congestive abscesses too, with stagnating secretions, and when the patients are bedridden, better mechanical conditions will be obtained for the drainage of the secretion after the pubic bone has been perforated.—*The Med. Chron.*, Aug. 1887.

Transfusion and Infusion.

To avoid the evils connected with transfusions of blood, as well as with infusions of common salt, Landerer recommends as an infusion a solution of seven-tenths per cent. salt with three to five per cent. sugar. The latter is recommended as a nutrient, and by reason of its high endosmotic ratio, in consequence of the quantity of sugar in the blood, the juices of the tissues strongly attract it; and finally the consistency of the solution is somewhat thicker and approaches more that of the blood, although it does not flow as easily as the salt solution through the capillaries, but forms more resistance in them, as is necessary for the maintenance of the normal blood pressure and circulation. The blood pressure rises upon the addition of sugar 30-40 per cent.—*Centralblatt f. d. med. Wissensch.*, July 23, 1887.

—For several years the inmates of the prison in New Orleans have been suffering from a peculiar disease frequently terminating in death. The disease was generally attributed to the damp condition of the prison. A physician of the State Board of Health made an examination, and stated that the sickness was caused by insufficient food. The rations consist of a cup of tea and a piece of bread in the morning, and soup during the day. The parish authorities have been directed to provide the prisoners with better meat and with vegetables occasionally.

BOOK REVIEWS.

The Student's Guide to Diseases of the Eye. By Edward Nettleship, F. R. C. S., Ophthalmic Surgeon to St. Thomas' Hospital, etc. Third American from the fourth English edition. With a chapter on Color Perception. By William Thomson, M. D., Professor of Ophthalmology in the Jefferson Medical College of Philadelphia. 8vo, pp. xx., 475. Philadelphia: Lea Brothers & Co., 1887. Price, \$2.00.

This excellent and reliable manual is addressed to students, but is equally well suited to the needs of practitioners, who will find in its pages much valuable instruction. The style of the author is pleasant, and the matter of his book is admirable. He discusses first the general principle of optics, which must be understood in order to study the eye rationally, and then passes on to a consideration of the normal eye. After this, he takes up the diseases and injuries of the eye, with the treatment suited to each, and gives a special chapter on operation. After this comes a most valuable section devoted to the relation of other diseases to diseases of the eye, and, finally one of the most useful parts of the book—an appendix, in which, in addition to a list of formulæ, there are helpful directions in regard to a number of matters which are simple enough to one who has been long practicing as a specialist, but which are calculated to puzzle the beginner not a little.

The book contains a chapter on color perception, by Prof. Thomson, of Philadelphia, who has made special studies in this subject, and has had the experience furnished by being in charge of the examination of the eyes of the *employées* of two of the most important railroads in America.

Druitt's Surgeon's Vade-Mecum. A Manual of Modern Surgery. Edited by Stanley Boyd, M. B., B. S., London, F. R. C. S. Eng., Assistant Surgeon and Pathologist to the Charing Cross Hospital, etc. Twelfth edition. Illustrated. Large 8vo, pp. xvi., 33-985. Philadelphia: Lea Brothers & Co., 1887.

Whoever is familiar with the compact book, which has long been known as "Druitt's Vade-Mecum," will be surprised to find this, its successor, grown into a large volume whose size makes the title seem ironical. The editor, in his preface, mentions with just appreciation the fact that more than 50,000 copies of the original have

been sold in England, and that "a copy was issued by the (United States) Government to each surgeon serving in the Federal army during the great civil war." But one reason for the latter step was the fact that the vade-mecum presented at that time an excellent manual on surgery in the most compact form which the market could produce. This merit of the book has been sacrificed in the present volume. In fact, the book has ceased altogether to be a vade-mecum, and is now a single-volume work on surgery, which must be estimated by comparing it with works of similar pretensions.

Estimated in this way, we find this twelfth edition to compare favorably with its competitors. It has been quite thoroughly modernized by the editor. This is very noticeable in the department of pathology, while in that of treatment we find the latest and most accepted methods, in the main, well described, as, for example, in surgery of the abdomen, and in the treatment of stone in the bladder. In some matters—as that of the treatment of tumours in the bladder—the recommendations are rather expressions of the opinion of the editor than of surgeons in general. In the section on aneurism we fail to find any reference to the excellent results to be obtained by the so-called "method of Antyllus."

There are other points in this volume which might be improved; but our space does not admit of our going into further details. On the whole, we think, as we have already remarked, that it compares very favorably with its competitors, and that it would be a valuable addition to any library.

In saying this, however, we would add that no American need feel that, if he wants a good work on surgery in one volume, he must buy a reprint of a revision of an old English manual. If his patriotism prompts him to do so, he can get a better book, by an American surgeon, from the very firm which publishes the one we have just been reviewing.

LITERARY NOTES.

THE fiction in the October number of *Scribner's Magazine* will include a strong story of life along the Arkansas river-bottoms by Octave Thanet. Its title is "The Mortgage on Jeffy." E. H. House's two-part Japanese story, "The Sacred Flame of Torin Ji," will be concluded. The next to the last installment of Harold Frederic's serial story will appear in this number.

THE Medical and Surgical Reporter.

**A WEEKLY JOURNAL,
ISSUED EVERY SATURDAY.**

N. A. RANDOLPH, M. D.,
CHARLES W. DULLES, M. D., } EDITORS.

All contributions to the Original Department will be paid for when published; or 100 reprints will be furnished in place of payment, if a request is sent with the manuscript. Contributors should ALWAYS state which form of remuneration they desire: reprints, extra copies of the REPORTER, or cash.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	\$5.00
Quarterly Compendium of Med. Science, -	2.50
Reporter and Compendium, - - -	6.00
Physician's Daily Pocket Record, - - -	1.50
Reporter and Pocket Record, - - -	6.25
Reporter, Compendium and Pocket Record.	7.00

All letters should be addressed, and all checks and postal orders drawn to order of

Drs. RANDOLPH & DULLES,

N. E. Cor. 13th and Walnut Streets.

P. O. Box, 843.

Philadelphia, Pa.

A correct statement of the circulation of THE MEDICAL AND SURGICAL REPORTER is published in each number. The edition for this week is 6,000 copies.

NO FEAR OF CHOLERA.

The report of a few cases of cholera occurring in a ship loaded with Italian immigrants, which arrived last week at New York, gives no concern to the United States health authorities, and need not alarm any sensible person. Surgeon-General Hamilton has already called attention to the fact that the circumstances connected with this case are not nearly so serious as they have been in cases occurring in former years, which were easily handled. For example: In November, 1843, the ship New York arrived at quarantine station, New York, from Havre, with eleven cases of cholera on board and seven deaths on the voyage. The number of cases increased to twenty the first day, and finally reached a total of sixty-three cases and twenty-nine deaths; but, winter setting in quite severely, the disease entirely subsided. Cholera did not again visit New York until 1866. The ship Atlanta arrived in November, 1865, with cholera aboard, but the dis-

ease did not break out until May, 1866. Two ships arrived in April of that year, one having had twenty-six deaths from cholera on her voyage, and the other thirty-one deaths. The passengers all brought an immense quantity of infected baggage, and the merchandise on the vessel was also doubtless more or less infected. It was at this time that the disease assumed its greatest mortality on Ward's and Blackwell's Islands. There were 172 deaths from cholera in the workhouse on the latter island, and the total number of deaths in New York was 1212. The ease with which cholera can be controlled was strikingly shown by the fact that the epidemic in the workhouse on Blackwell's Island lasted but nine days, and the outbreak began to decline from the days sanitary measures were instituted.

Further, we would call attention to the fact that cholera makes its greatest ravages among ignorant and superstitious populations. It is apt to find ready victims among such degraded people as the inhabitants of Naples, who recently forced one soldier to drink the carbolic acid he was using to disinfect the streets with, and killed another outright because he would not do the same thing.

In a country with such general intelligence as the United States, we do not believe the cholera will ever again obtain a foothold. So we say, let no one feel any alarm about what has just happened. We have no doubt that the New York health authorities will be fully able to cope with the circumstances, and that the city and country will be safe from any invasion of the cholera.

At the same time we think it well to call attention to, and to heartily endorse the suggestion of Surgeon-General Hamilton that the responsibility of nations in sending forth emigrants from infected districts ought not to be overlooked, and we agree with his hope that the time will come when it will be considered just as much an act of hostility on the part of a nation to neglect to take proper measures to prevent the spread of diseases to a friendly nation as it would be to shell and fire its seaports.

ARGUMENT AND RIDICULE.

At the last meeting of the Medical Society of the State of Pennsylvania several interesting papers were devoted to the subject of phthisis, among them two which discussed its treatment. The author of one of these papers dwelt upon the importance of securing proper nutrition for the patient in order to secure a cure. With careful nutrition as a keystone he presented the claims of various therapeutic methods, such as the inhalation of compressed air, medicated gases and sprays, the use of remedies to relieve the manifold symptoms, and the use of gaseous enemata by the method of Bergeon. Of the latter method of treatment he spoke as favorably as the short duration of its trial would possibly permit, he himself having had many patients who had been benefitted by it.

The writer of the other paper inveighed strongly and effectually against this plan of treatment. In sarcasm which would have been delicious had it been scientific, in invective which would have been destructive had it all been true, he cut right and left. Neither the originator of the method, the method itself, nor the many earnest scientific men who have honestly and patiently attempted to discover its merits were spared. Even the manufacturers of the apparatus, the merchants who sold it, and the persons who furnished the gas were scored.

We have called attention to the character of these two papers, not in order to express an opinion as to the views they advocated, but in order to contrast the manner of presenting these views. One of them was a temperate and scientific paper; the other was little better than a tirade. The author of the latter may have a correct estimate of Bergeon's method; but we think he has chosen an unfortunate way of presenting it. We believe it to be a mistake to introduce the arts of the forum into the halls of philosophy, and that such skill as was displayed in holding up to ridicule this particular matter, with the aid of voice and looks and gesture is dangerous to calm scientific conclusions.

For this reason we deprecate this style of argument, and would discountenance its employment in meetings where such serious matters as the preservation and restoration of health are under consideration. Here we need the man who has carefully and soberly studied his own experiences and those of others, and who can present the results of his study in plain and unimpassioned language, and not the man who can adorn a hasty and immature opinion with the seductive arts of rhetoric and oratory.

WOMAN'S VIEW OF THE CONJUGAL QUESTION.

We call attention to a letter published in our department for "Correspondence" upon the subject of the conjugal relation, as regarded from the stand-point of women. The subject is a very delicate one, and at the same time one of the utmost importance, and we recommend it to the thoughtful consideration of our readers.

We cannot suppose that the ideas suggested in the letter of our correspondent will prove novel to a large number of thinking men, and we imagine that, if they lead to any discussion we shall find that the peculiar conditions of our civilization are to a certain extent responsible for the hardships to which many women are subjected. To face the matter squarely, and to discuss it satisfactorily, will require a great deal of sense and no little courage; but we trust that the readers of the REPORTER are the very men and women to do it.

ABOUT CONTRIBUTED ARTICLES.

We publish in another place a letter from one who has been a welcome contributor to the columns of the REPORTER, and which indicates a frame of mind as creditable to him as it is agreeable to the editors. One of the most trying duties of an editor is to decline to publish an article which may be of interest, but which is not what editors call "available." It is a difficult and delicate duty to put a good article into the shape best suited to the requirements of a journal at any particular time. The men who can patiently endure having an article

declined are very few; those who submit gracefully to having an article cut down or trimmed up are not much more numerous, but both are among the dearest friends the editor has. Our contributors must understand that we receive more articles than we can possibly publish, and that we are compelled to select what seems the best material for all our readers. In doing this we often are forced to exclude what is both valuable and interesting, and those whose articles are not published may console themselves with the reflection that some of the best and most successful literary works ever published have been declined again and again by those who ought to have been better judges of their merit.

We trust that these remarks will not deter any of our readers from sending us contributions; but that they may lead them to do this in the admirable spirit of the correspondent whose letter we publish in this issue of the REPORTER.

ACKNOWLEDGEMENT.

A portion of the report of the proceedings of the Ninth International Medical Congress, which has appeared in this journal, has been abstracted from the advance sheets sent us through the courtesy of *The Medical Record*.

THE PHILADELPHIA MEDICAL TIMES.

Drs. Frank Woodbury and William F. Waugh have purchased the *Philadelphia Medical Times* and announce that they propose to give it a new dress and to introduce other improvements which they think will be acceptable to its readers.

—Prof. Da Costa presents the following as a strong point in the differential diagnosis of *chronic cerebral softening* and nervous exhaustion, or *neurasthenia*: In the latter, for a short period of, perhaps, a few minutes, the patient's mind will remain clear, and he is capable of mental effort, soon, however, to lapse again into his indifferent stupor. This alone, with the facts and history of the patient, will do much to establish a diagnosis when in doubt. In the latter, also, the headache is comparatively slight, while in the former it is a marked feature of the case. *Coll. and Clin. Record*, Aug., 1887.

NOTES AND COMMENTS.

Infanticide or Homicide.

The following case is reported in the *Munchener Medizinische Wochenschrift*: A physician was called to attend a tradesman's wife in her confinement. The presentation was a shoulder one with prolapse of an arm. After an ineffectual attempt to turn, the arm was cut off; then followed another ineffectual attempt to turn, after which the other arm was amputated and the lower jaw torn out. Even after this he did not succeed in extracting the child, and another practitioner was called in, who succeeded in delivering the woman. The first practitioner was cited before the Court, where the experts, professors, and practitioners expressed their unanimous opinion that the child had been killed by the injuries inflicted upon it; and that the contention of the physician, that the child was already dead before dismemberment, rested upon indications that were not scientifically justifiable. There were no just reasons for killing the child, and the practitioner had improperly failed to persist in his efforts to turn. After negligence had been incontestably proved by the opinion given, the defendant claimed that the case did not come under paragraph 222 of the German Strafgesetzbuch (negligent killing), but under paragraph 230 (negligent bodily wounding). The former referred to negligent homicide; the foetus, however, up to the time of dividing the cord, was a part of the mother's body, so that the case was only one of wounding. In opposition to this the Court ruled that the law recognized the vital existence of the foetus, and protected it as a human being, at an earlier period, viz., as soon as a part of the child became *visible* outside the vagina; paragraph 218 defined killing of the foetus *in utero* as fruit-killing (*Fruchttötung*); while paragraph 217 recognized the killing of a child *in* or immediately after birth as the killing of a human being (homicide). The Court, therefore, held the accused guilty of homicide by negligence, and condemned him to several years imprisonment. An appeal was not allowed.—*Med. Record*, Sept. 17, 1887.

The subject of brutality in the punishment of children has been creating intense feeling among physicians in England. Numerous examples of almost inhuman punishment have been brought to light.

CORRESPONDENCE.

A Woman's View of the Conjugal Question.

EDS. MED. AND SURG. REPORTER,

Sirs :—The increasing numbers of female physicians cannot fail to throw a certain new light upon some of the more obscure diseases and sufferings of women.

It was naturally to be expected that women suffering from some complaints should feel it easier to describe symptoms and feelings to one of their own sex, and the many complications involved in anticipated and accomplished maternity would equally find fuller expression in the same way. The result has been that, within the last ten years, much has been said of women's revolt against enforced maternity. Able pens have been enlisted in this cause, and a mother's right to limit and decide upon the number and succession of her offspring has been debated pro and con. There is, however, one side of the conjugal question which comes immediately under the notice of every practicing physician to which very little attention has been paid. It is this: How far does uncongenial or undesired coitus impair the general health of a woman; and in what degree does it influence the welfare, physical and mental, of the children born in wedlock?

It is an accepted fact that so-called "love children" are often endowed with physical and mental strength in excess of that of children born under the best "social" conditions. The offspring of illicit passion has nature on its side, while children born as the result of the mere indulgence of a habit, —often a matter of indifference, if not positive distaste, to one of the parents—come into the world handicapped. This will of course be readily acknowledged, and is in itself no light evil. But, beyond this, is there not, in the fact that men are accustomed to consider their desire a sufficient excuse for its indulgence in spite of apathy or at least unwillingness on the part of the wife, one cause, and a very serious one, of the nervous ailments of so many women?

Nature in her arrangement for the propagation of the race has endowed both sexes with natural passion, and obviously intends the gratification of the one to include the response of the other. Owing to man's greater physical strength and the violence of his passion, it almost invariably happens that after the birth of one or two children the mother passively accepts his attentions as a duty, often a most unpleasant one, and

looks upon the act of coitus as a mere sign of her submission as a wife. Incapable of feeling the same call without the courting and solicitation which the man no longer gives, she yields her person without her will, and becomes the mere machine through which her husband relieves his uneasiness. This, of itself, when we consider the frequency of most men's requirements, must have an injurious effect upon the nervous system; and when, as is too often the case, indifference amounts to absolute disgust and repulsion, it requires very little science to recognize a prolific source of suffering in this relationship.

Would it not be possible, by studying the facts elicited by female physicians from their patients, to acquire a knowledge which would throw light upon many of the most distressing internal complaints which proclaim themselves in the thousand nervous ailments of the weaker sex? Men, for the most part, sin in this relation from inadvertence rather than willful brutality, having been taught to consider marriage as the opportunity expressly provided for the "*lawful indulgence*" of passion, sanctified by church and society, and a wife as an orthodox and respectable exchange for a prostitute. Women, also from experience—the first passionate happiness of the honeymoon over—have also learned their lesson, and either feign pleasure, or accord simply endurance, because they fear that refusal will alienate a *man's affection*. What a satire on civilization is contained in those words! A man's affection and his passion are one; a woman's affection, and the acceptance of a passion no longer made pleasurable by solicitation, but claimed as a right, are his of conjugal right. A wider knowledge of the actual results upon body, mind and character of this state of things could not fail to teach a useful lesson, and help on the establishment of harmony between husband and wife.

May I, in excusing the length of my letter, suggest the consideration of this subject to your magazine? JANE E. RUNTZ REE.

About Contributions.

EDS. MED. AND SURG. REPORTER,

Sirs :—The inclosed is new to me and of course I thought it worthy of publication or I should not have sent it. However, if it is not specially new or interesting, give it a dose of waste-basket, and no harm is done. Or if the facts are worth stating, without publishing the article in full, simply use the facts as you please. Anything I may send,

you will do me a kindness by acting upon as the above would indicate. I find it does me good to write up a case even if it does not leave my office; as I believe one cannot write an article or report a case, but what he will receive a real benefit in the effort itself. It improves the memory and habituates one to getting his ideas into shape. So if I should send in something occasionally, my feelings will not be lacerated in the least should they not all appear, as the benefit to me is gained before they leave my office.

Yours fraternally, H. C. G.
Aletown, Sept. 17, 1887.

Correction.

EDS. MED. AND SURG. REPORTER:

Sirs:—In a recent issue of your journal appeared the following:

"An authority on canned goods reveals the interesting fact that most of the jellies in the market are made of apple parings and cores. Sometimes the stock is kept so long that it will not make jelly; then they make strained honey out of it."

I can affirm positively that there is not in this country a market for any such stuff as a syrup made of shop-worm apple cores. The nearest approach to honey in the line of adulteration *has been* glucose. The inventor of this method of adulteration was a man in New York, who subsequently went to England and practiced his methods there. The efforts of the journals devoted to bee-culture in this country, and the British Bee-keepers' Association in England, have driven glucose honey to the wall. More than all this, it is impossible to make out of second-hand apple parings, or any other kind of parings, a substance resembling pure honey. You cannot evaporate honey to a jelly, or water jelly to the consistancy of pure honey.

JOHN ASPINWALL.

Barrytown, N. Y., Sept. 10, 1887.

[We willingly publish the above authoritative correction of our error, and hope our readers will enjoy honey hereafter more than ever before.—EDS. REPORTER.]

NEWS AND MISCELLANY.

Cholera at New York.

A steamship from Marseilles and Naples, which arrived at New York on Sept. 22d, with nearly 600 passengers, had Asiatic cholera on board. Eight of her passengers died during the voyage, six of them from cholera, and on her arrival at quarantine four persons were sick of the disease. Sur-

geon-General Hamilton of the Marine Hospital Service says that New York has a quarantine board fully able to grapple with the exigency. Orders have been sent from Washington to the National quarantine stations at Cape Charles and Delaware Breakwater to detain all vessels coming from Italy, and report them to the Marine Hospital Bureau.

University Biological Expedition.

An expedition, sent out by the Biological Department of the University of Pennsylvania in June last, has just returned from the Bahamas, whither it went to collect specimens and to decide upon the suitability of these islands for the establishment of a permanent biological station, similar to the one at Naples, presided over by Anton Dohrn. The University has now a considerable fund at its disposal for this purpose, and hopes, within a few years, to have a station established, at which professors and advanced students would be enabled to pursue original investigations during their vacations. There are several such institutions in Europe. But there are none permanent in this country, although Johns Hopkins University has had such schools on Chesapeake Bay, in the Bahamas and elsewhere, temporarily, and, it is said, intends founding one permanently in the near future.

Dr. Charles S. Dolley, instructor in Biology in the University of Pennsylvania, was at the head of the party. M. J. Greenman and Charles F. Nassue, of the University; William S. Marshall, of Swarthmore; Arthur Lamb, of Johns Hopkins University, and Professor McMurrich, of Haverford College, were his associates.

The Union Medical Association.

The Union Medical Association, which includes physicians of Pennsylvania and Maryland, held their annual reunion at Mount Gretna Park, Pa., August 25th. About 300 physicians were present with their wives and families. Brooklyn, New York, Harford and Cecil counties, Maryland; Philadelphia, Dauphin, Lebanon, Lancaster, Adams and Cumberland counties, Pennsylvania, were represented. The doctors spent the day most enjoyably. Dr. O'Neill, the retiring President, delivered the annual address. Dr. S. J. Rouse, of York, who has faithfully served as Secretary for several years, was elected President. Dr. Bishop, of Harrisburg, was elected Secretary, and Dr. Alex. Craig, of Columbia, Pa., was re-appointed Chairman of the Executive Committee.

OBITUARY.

DR. RICHARD QUAIN.

Dr. Richard Quain, M. D., F.R.C.S., the well-known physician and writer on medical subjects, died in London, England, September 16, 1887. He was seventy-one years old. He was born at Mallow, in 1816, and became an articled pupil to a surgeon-apothecary at Limerick, and subsequently going to London at the age of twenty entered University College. Distinguishing himself in the classes, he was appointed house surgeon to the College hospital, and subsequently house physician to the same institution. He was elected a Fellow of University College in 1843. In 1846 he became a member of the Royal College of Physicians, and in 1851 was elected a Fellow of that College. His life since then was full of professional cares and honors. He was one of the founders of the Pathological Society and was a member of a great number of learned societies. Quain's "Dictionary of Medicine," published in 1882 (1800, pp. 8vo), is the standard work of its kind in the English language. He contributed numerous papers to the translations of societies, and to medical journals. Amongst the former was a monograph to the Royal Medico-Chirurgical Society, in which the true nature of fatty degeneration, especially in connection with the walls of the heart, was first described, and which largely influenced modern pathological doctrine.

DR. LUKE P. BLACKBURN, M. D.

Luke P. Blackburn, Ex-Governor of Kentucky, died at Frankfort, aged seventy-one years. He was born on June 16, 1816, in Woodford county, Ky. An absorbing love for the study of medicine, led him when seventeen to visit Europe. He remained in Paris studying medicine for a year, and then, returning to America, entered the Transylvania College at Lexington, from which he was graduated with honor in March, 1835.

Entering into the practice of his profession in Lexington, he met with much success. In autumn, cholera broke out near his old home. Dr. Blackburn went to the aid of the stricken and deserted villagers. His services were appreciated, for he was asked to settle in the town, and, doing so, his practice became very large.

Dr. Blackburn was made Health Officer of Natchez, Miss., and in the yellow fever epidemic which occurred in 1847, he did extraordinary work in relieving the suffering, as he did also in the epidemic which ravaged the South from 1853 to 1855. In 1854 he estab-

lished the first successful quarantine against the disease. Dr. Blackburn in 1847 also established a marine hospital on the Mississippi for river men.

Dr. Blackburn was one of the first to respond to the calls for medical help in the yellow fever epidemic of 1878, and his services during that year secured for him the Democratic nomination for the Governorship of Kentucky in 1879. Dr. Blackburn was twice married. His first wife was Miss Ella Guest Boswell, to whom he was married soon after leaving college and who died in 1855. His second wife was Miss Julia M. Churchill, of Kentucky, who survives him.

Correction.

The article on Mistletoe (REPORTER, Sept. 10th) should have been credited to Dr. R. L. Payne, Jr., whereas, the article is accredited to Dr. R. L. Payne, the writer's father, who several years ago used to contribute to the REPORTER.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from September 18, 1887, to September 24, 1887:

First Lieutenant Julian M. Cabell, Assistant Surgeon, relieved from duty in connection with the Annual Dept. Rifle Competition at Bellevue Rifle Range, Neb.; ordered for duty as Medical Officer at the "Rifle Camp for Team of Distinguished Marksman," Bellevue Rifle Range. S. O. 89, Dept. Platte, Sept. 10, 1887.

Changes in the Medical Corps of the Navy for the week ending Sept. 24, 1887:

Surgeon H. P. Harvey, ordered to the U. S. steamship "Mohican."

Surgeon G. A. Cooke, detached from the "Mohican" and ordered home.

Medical Inspector C. J. Cleborne, promoted to Medical Director, Sept. 18, 1887.

Surgeon T. C. Walton, promoted to Medical Inspector, Sept. 18, 1887.

Passed Assistant Surgeon J. C. Boyd, promoted to Surgeon, Sept. 18, 1887.

Surgeon J. R. Tryon, ordered to Marine Rendezvous, N. Y., Oct. 1, 1887.

Assistant Surgeon J. G. Field, detached from Marine Rendezvous, N. Y., and ordered to the "Vermont."

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service, for the week ending Sept. 24, 1887:

J. H. White, Passed Assistant Surgeon, promoted and appointed Passed Assistant Surgeon from Oct. 1, 1887. Sept. 19, 1887.

W. J. Pettus, Assistant Surgeon, to proceed to Savannah, Ga., for temporary duty, Sept. 20, 1887.

H. T. Goodman, Assistant Surgeon, appointed an Assistant Surgeon, Sept. 22, 1887; assigned to temporary duty at Norfolk, Va., Sept. 23, 1887.